



The Educational Employees' Supplementary Retirement System of *Fairfax County*  
 8001 Forbes Place, Suite 300 Springfield, VA 22151-2205  
 703-426-3900 844-758-3793 www.fcps.edu/erfc

## Credit Union Deduction

I hereby authorize that:

- \$ \_\_\_\_\_ (in multiples of \$5.00) be deducted monthly from my ERFC annuity check and deposited directly into my account with Apple Federal Credit Union. I understand this monthly deduction will commence within the next two payment cycles and will continue until I provide written authorization to change or cancel this request.
  
- The current monthly deduction from my ERFC annuity check be changed from \$ \_\_\_\_\_ (in multiples of \$5.00) to \$ \_\_\_\_\_, and that this new amount be deposited directly into my account with Apple Federal Credit Union. I understand this change to my monthly deduction will commence within the next two payment cycles and will continue until I provide written authorization to change or cancel this request.
  
- The full net amount of my monthly ERFC annuity check, after deductions, be deposited by electronic funds transfer (Direct Deposit) into my account with Apple Federal Credit Union. If money to which I am not entitled is deposited into my account, I further authorize ERFC to direct Apple Federal Credit Union to return those funds.

**Select One:**

- Savings Account**                       **Checking Account**

My account number is \_\_\_\_\_

Apple Federal Credit Union ABA number is 256078514

_____	_____	_____
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
_____	_____	
<i>Social Security Number</i>	<i>Home Phone Number (+area code)</i>	
_____		
<i>Email Address</i>		
_____	_____	
<i>Signature</i>	<i>Date</i>	

**ERFC Use Only**

Processed by: \_\_\_\_\_

Distribution form completed: \_\_\_\_\_

*Date*