

ELECTRONIC DEBIT OR CREDIT AUTHORIZATION

To Whom It May Concern:	
Please use the following informatio my account.	n when starting an electronic debit from or credit to
Member Name:	
Name of Institution: DOVER FEDE	RAL CREDIT UNION
ABA: 231176648	
Member Account Number:	
☐Savings ☐ Checking	
	g this information, please contact a Member ederal Credit Union, (302) 678-8000.
Thank You,	
Member's Signature	Date
Credit Union Verified	Date