



Auto Withdrawal/ Deposit Information Form

Date _____

Name of Member or Joint Owner _____

Address _____

Address _____

City, State, Zip Code _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email address _____

Embark FCU

1500 River Dr N

Great Falls, MT 59401

Routing number-292977307

Account number-

- Checking
- Savings

Company Name

Before signing this document, verify that the content you are signing is correct.

Member Signature X _____

Staff Signature X _____