

Direct Deposit & Payroll Deduction Authorization: Air Products Employees Only

NAME (FIRST, MIDDLE OR INITIAL, LAST)	ACCOUNT NUMBER
CONTACT PHONE OR EMAIL	AIR PRODUCTS EMPLOYEE NUMBER
virect Deposit:	
Direct Deposit (Net Pay)	
I hereby authorize Air Products to initiate a direct deposit of n To avoid the limitations of Reg D, it is recommended that yo	
FINANCIAL INSTITUTION NAME	FINANCIAL INSTITUTION PHONE NUMBER
APCI Federal Credit Union	800-821-5104
FINANCIAL INSTITUTION ADDRESS	
PO Box 20147, Lehigh Valley PA 18002-0147	
ROUTING TRANSIT NUMBER (ABA)	
231379034	
TYPE OF ACCOUNT (PLEASE SELECT ONE) Share Draft Checking Primary Share	MICR NUMBER (13-DIGIT)
This authority is to remain in full force and effect until:	
 Air Products and Chemicals, Inc. receives from me a subseq authority in such time as to afford the company a reasonable 	
One month after my employment ends with Air Products a	
SIGNATURE	DATE
Payroll Deduction Authorization: (do not fill this out if direct	deposit was selected)
Payroll Deduction	
Frequency: Weekly Bi-Weekly	
Deposit total sum of deduction to: Share Draft Checkin	g
To avoid the limitations of Reg D, it is recommended that y	
TOTAL AMOUNT OF DEDUCTION	
\$	
Managing Transfers Between Your Accounts:	
	o APCIRCUIT, and on the homepage dashboard select
 Transfers from the sub-navigation bar. Non-APCIRCUIT® Users: call the Credit Union at 800- 	821-5104 for assistance.
SIGNATURE	DATE
SIGNATURE	DATE

STAFF SIGNATURE & DATE MA27_1117