



**DIRECT DEPOSIT AUTHORIZATION FORM**

Name: Please Print (Last)		(First)	(Middle Initial)	Acct. Number	Today's Date
Social Security No.	ABA Routing # 2521-7715-0		Employer Code	Branch	Employee Initials

Where Direct Deposit is coming from:  
(Example: RR Retirement, Social Security, etc.)

\_\_\_\_\_

Frequency: (Check One)

Monthly                       Semi-monthly

Bi-Weekly                       Weekly

Total Amount of Direct Deposit:

Acct # & Suffix	Direct Deposit Distributions:			
	START		STOP	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	

I understand that checks written prior to posting direct deposits cannot be honored if sufficient funds are not available.

Signature: \_\_\_\_\_

Date to Start deductions: \_\_\_\_\_

CREDIT UNION USE ONLY:

	Payroll Department:	
	Initials	Date
Received	_____	_____
Setup	_____	_____
Reviewed	_____	_____