

### Direct Deposit Enrollment Request Form

Authorization agreement for automatic deposits (ACH credits)

**Employer (Issuer) Name:** \_\_\_\_\_

I authorize the above named **Company** and financial institution to electronically deposit my net pay to the specified Account(s) each payday.

**You can add direct deposit to your Checking and/or Savings Account(s)\***

<b>DEPOSIT 1</b>	Select one account type
Account Type	<input type="radio"/> Checking <input type="radio"/> Savings
Account Number	_____
ABA Routing Number	<b>322078422</b>
Deposit Amount	_____ % <b>OR</b> \$ _____ (Dollar Amount)

<b>DEPOSIT 2</b>	(Optional)
Account Type	<input type="radio"/> Checking <input type="radio"/> Savings
Account Number	_____
ABA Routing Number	<b>322078422</b>
Deposit Amount	_____ % <b>OR</b> \$ _____ (Dollar Amount) <b>OR</b> <input type="checkbox"/> Net (Remaining Amount)

If monies to which I am not entitled are deposited to my account, I authorize the Company (issuer) to direct the financial institution to return said funds. I understand the credit union has permission to reverse any funds to which I am not entitled. This authority will remain in effect until I have filed a new authorization, or until this authorization is revoked by me in writing.

First Name	Middle Name	Last Name	
Address	City	STATE	Zip
Telephone Number	Work Number	Email	
Signature (required)	Date		

\*Direct deposit is when the Employer sends your paycheck electronically to your credit union. You can have your pay directly deposited to one account or you can split your pay between checking and savings account(s).

**PLEASE RETURN COMPLETED FORM TO YOUR EMPLOYER**