



Direct Deposit Authorization

Complete or edit this form and submit it to your employer (or to whomever will be making payments to you to start using Direct Deposit, or change an existing Direct Deposit arrangement. Please make sure that all your personal information is correct, and keep a copy for your records.

Personal Information

Member Name:

Social Security Number: Employee Number:
(if Applicable)

Street Address:

Line 2:

City: State: Zip:

Home Phone Number: Work Phone Number:

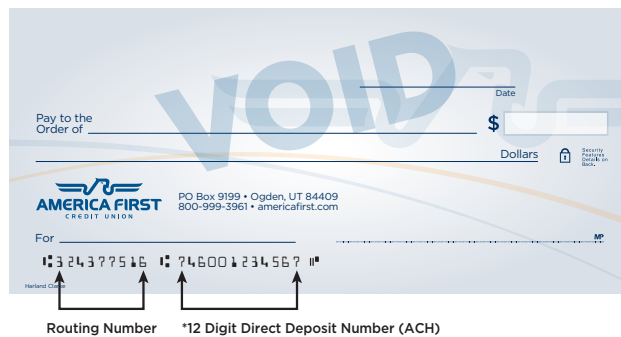
Account Information

My Credit Union is:

Account Type:

Bank Routing Number:

*12 Digit Direct Deposit Number (ACH):



*Your 12- Digit ACH Direct Deposit Number (ACH) can be found by logging into online banking, clicking on Share Savings or Checking and un hiding the number.

Deposit Information

Effective: ☐ Immediately
☐ Beginning on:

Amount: ☐ Entire Net Pay
☐ % of Net Pay
☐ Specific dollar amount: \$.00

Authorization

To Employer/Payor Name:

I authorize the above Employer/Payor to initiate credit entries and, if necessary, to initiate any debit entries and adjustments to correct any erroneous credit entries for Direct Deposit of above payroll/other amount to my above account at America First Credit Union, on a recurring basis until I notify you in writing that I revoke this authorization.

X

Date: