



Direct Deposit Authorization

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Contact Telephone Number: _____

Email Address: _____

Start My Direct Deposit

Employer Name: _____

Employer Address: _____

I authorize (name of employer) _____ and RBFCU to automatically deposit my paycheck into my account listed below including authorization to correct entries made in error.

This authorization will remain in effect until I give written notice to cancel it.

RBFCU Routing Number: 3 1 4 0 8 9 6 8 1

RBFCU Account Number: _____ Checking Savings

Member Signature

Date

Federally insured by NCUA

Member Service Center – 210-945-3300
P. O. Box 2097, Universal City, Texas 78148-2097