

**Date:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_

**Company City, State and Zip:** \_\_\_\_\_, \_\_\_\_, \_\_\_\_\_

**Attn: Payroll Department**

**RE: Direct Deposit**

Please accept the attached Direct Deposit Authorization form(s) using this letter as a substitute for a copy of a check.

**Members Name:** \_\_\_\_\_

**ABA/ Routing Number:** **322078257**

☐ **Savings Account Number:** \_\_\_\_\_

☐ **Checking Account Number:** \_\_\_\_\_

**Member Service Representative:** \_\_\_\_\_

**Authorized member signature:** \_\_\_\_\_

If you have any questions, please call (866) 459-2345.

Sincerely,

Schools Federal Credit Union  
2200 W. Artesia Blvd.  
Rancho Dominguez, CA 90220