

PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

NOTE: Check with your employer to make certain no other information or specific form is necessary to complete the change your direct deposit to your new credit union account.

Company Name

Company Address

City

State

Zip Code

Please change the account used for Direct Deposit of my net pay to my new credit union account:

Employee Last Name

First Name

Middle

Address

City

State

Zip Code

Daytime Phone Number

Employee ID#

Social Security Number

My New Account Information:

Account Type: Checking Savings

Account Number: _____ Routing number/ABA#: 301179999

I hereby authorize my employer, _____(company name) to deposit my paychecks directly to my Campus Credit Union Account indicated above and to make necessary adjustments for any credit made to my account in error. This authority shall remain in effect until I have given written notice to terminate this service.

Employee Signature

Date