



Authorization Form for Direct Deposit

Documentation required for Direct Deposit

Checking Account: Blank, voided check with employee name preprinted on check.

Savings Account: Monthly statement, copy of passbook or letter from bank indicating bank name.

Documentation is required for changes (with the exception of dollar amount to existing direct deposit accounts). For direct deposit to The Family Federal Credit Union, you must contact them directly

I request that my partial or net pay be deposited at:

Name of Financial Institution (Please print)	Employee Name (Please print)	
Address	Employee Number	Social Security Number
City	State	Zip
American Banking Association Number	Work Phone	

Deposit to	Account Number	Amount
<input type="checkbox"/> Checking	_____	\$ _____
<input type="checkbox"/> Savings	_____	\$ _____
<input type="checkbox"/> Checking	_____	\$ _____
<input type="checkbox"/> Savings	_____	\$ _____
<input type="checkbox"/> Checking	_____	\$ _____
<input type="checkbox"/> Savings	_____	\$ _____

Authorization Agreement for Surepay Deposit

I hereby authorize the direct deposit of my partial or net pay by my employer in the account(s) to the financial institution(s) as indicated on this form. Such direct deposit will be made on each succeeding payday unless I choose to terminate this agreement in writing to my employer. Any such notification to my employer shall become effective following receipt, after a reasonable opportunity to act on it.

In the event that my employer deposits funds erroneously into my account, I authorize my employer to debit my account for an amount not to exceed the original amount of the credit

Circle One

SFH	RHC	WPA	PHO	CLS
SFCMG	FAM			

Employee Signature	Date
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