



# Authorization Agreement for Direct Deposit

Please review and complete the following information.  
Return this form to your employer's human resources office.

## Direct Deposit Authorization:

Name:  Social Security Number:

Address:

City:  State:  Zip:

Company Name:  Company Address:

Company City:  State:  Zip:

## Deposit instructions:

Deposit entire amount to Checking Account:  Share Type:

Deposit \$  to Savings Account:  Share Type:

and the remainder to Checking Account:  Share Type:

**ADP Federal Credit Union**  
1 ADP Blvd MS B140  
Roseland, NJ 07068  
**Routing/ Transit number: 221283130**

### I hereby authorize:

- Above listed entity to initiate deposit of my funds to my ADP Federal Credit Union checking or savings account.
- ADP Federal Credit Union to credit entries to my account(s).
- This authorization to remain in full force and effect until I send a written notice of change or cancellation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_