



Direct Deposit Authorization Agreement

PLEASE REVIEW AND COMPLETE THE FOLLOWING INFORMATION.

RETURN THIS FORM TO YOUR EMPLOYER'S HUMAN RESOURCES DEPARTMENT.

Name:

Social Security Number:

Address:

City:

State:

Zip

Company Name:

Company Address:

City:

State:

Zip:

Deposit instructions:

☐ Deposit entire amount to Checking Account Number: (All 12 digits are required beginning with 0020...)

☐ Deposit \$ to Savings Account Number: (Your SAFE FCU Member Number.)

and the remainder to Checking Account Number: (All 12 digits are required beginning with 0020...)

SAFE Federal Credit Union

P.O. Box 2008

Sumter, SC 29151

Transit/ABA# 253279691

I hereby authorize:

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

Signature: _____

Date: _____

Visit us online at www.safefed.org • E-mail us at MSC@safefed.org

Shaw/Sumter 803.469.8600 • Bishopville 803.484.3537 • Camden 803.425.8600 • Columbia Area 803.796.7782
Florence 843.661.5920 • Lexington 803.359.3277 • Manning 803.435.0089 • Other Areas 1.800.763.8600