



Direct Deposit Authorization

Complete or edit this form and submit it to your employer (or whomever will be making payments to you) to start using Direct Deposit, or change an existing Direct Deposit arrangement. Please make sure that all of your personal information is correct, and keep a copy for your records.

Personal Information

Member Name:

Social Security Number: Employee Number: (If Applicable)

Street Address:

Line 2:

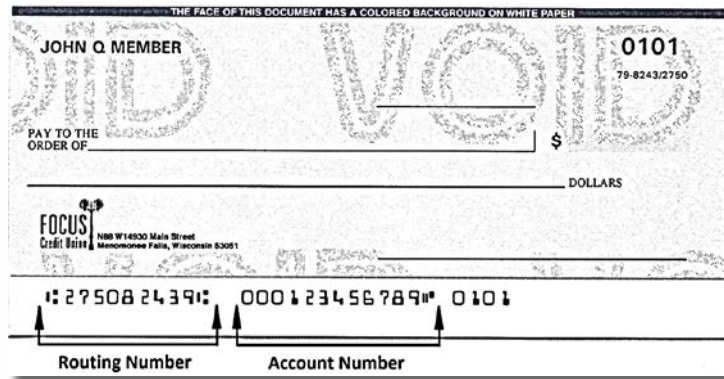
City: State: Zip:

Home Phone Number: Work Phone Number:

Account Information

My Credit Union is: FOCUS Credit Union Account Type:

Bank Routing Number: 275082439 Account Number:



Deposit Information

Effective: Immediately Beginning on:

Amount: Entire Net Pay % of Net Pay Specific Amount \$

Authorization

To Employer/Payor Name:

I authorize the above Employer/Payor to initiate credit entries and, if necessary, to initiate any debit entries and adjustments to correct any erroneous credit entries for Direct Deposit of above payroll/other amount to my above account at FOCUS Credit Union, on a recurring basis until I notify you in writing that I revoke this authorization.

X _____ Date: _____