

## ACH Direct Deposit Authorization

Member Name		Member Account	Suffix
Date	Daytime Phone	Alternate Phone	
⊐ NEW □ CHANGE			
l hereby authorize(E	to initiate mployer Name)	e direct deposits to the accounts	indicated below
form. I also agree that in the	e event that funds are erroneo	by submitting a new direct depo busly deposited into my account mpany without liability or prior no	in excess of the
Employer Add	ress:		
Account Information:			
	ta Clara County Federal Credit 21176972	t Union	
Checking Account Account Number:	D Entire (12 digits)	e Net Pay □Amount of Deposit	t: \$
Savings Account Account Number: 00000	0 0 0 □ Entire (12 digits)	e Net Pay □Amount of Deposi	it: \$

Member Signature	Joint Owner Signature				
Credit Union Use Only					
CU Representative:	Date Complet	ted:	MSS Verification:		