

NAME _____ PRIMARY ACCOUNT NUMBER _____
Last First Initial

ADDRESS _____ PHONE _____ SSN _____
Street City/State Zip

AUTHORIZATION FOR DIRECT DEPOSIT DISTRIBUTION

I hereby authorize _____ and Kauai Community Federal Credit Union to make
Company Name
 direct deposits and if necessary, make adjustment entries to my **Checking** **Savings** (select one). I understand that I am voluntarily assigning this direct deposit to Kauai Community Federal Credit Union and that either my employer or myself can terminate this assignment at any time.

Deduct \$ _____ from each paycheck Assign my entire net paycheck



KAUAI COMMUNITY
FEDERAL CREDIT UNION
YOUR ISLAND. YOUR FAMILY. YOUR CREDIT UNION.

4493 PAHEE STREET
 LIHUE, HAWAII 96766

SIGNED _____ DATE: _____

ACCEPTED BY: _____

CU ABA ROUTING NUMBER 3213-7990-2

(FOR CREDIT UNION USE ONLY)				<input type="checkbox"/> CREATE <input type="checkbox"/> REVISE <input type="checkbox"/> NO SOURCE			
(40) EFT RECORD				(42) EFT TRANSFER RECORD			
Group Number:		ACCT #		ID	AMT	EFFECTIVE	
Share ID:							
Effective Date:							
Type of Business:							
Payroll Dates:							