



### Authorization Agreement for Shell Federal Credit Union Direct Deposit

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

**Direct Deposit Authorization:**

<b>Name:</b>	<input type="text"/>	<b>Social Security Number:</b>	<input type="text"/>
<b>Address:</b>	<input type="text"/>		
<b>City:</b>	<input type="text"/>	<b>State:</b>	<input type="text"/>
		<b>Zip:</b>	<input type="text"/>
<b>Company Name:</b>	<input type="text"/>	<b>Company Address:</b>	<input type="text"/>
<b>Company City:</b>	<input type="text"/>	<b>State:</b>	<input type="text"/>
		<b>Zip:</b>	<input type="text"/>

**Deposit instructions:**

Deposit entire amount to Checking account # :

Deposit \$  to Savings account # :

and the remainder to Checking account #

Shell Federal Credit Union  
P.O. Box 578  
Deer Park, TX 77536  
Transit/ABA# 313080636

**I hereby authorize:**

- Above listed entity to initiate deposit of my funds to my Shell Federal Credit Union checking or savings account.
- Shell 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: \_\_\_\_\_