

Direct Deposit Authorization

NAME:					NEW EMPLOYER	☐ UPDATE CURREN	Т
BEST CONTACT#	<u> </u>				REMOVE	□ CANCEL	
ACCOUNT #:			SUFFIX:		ROUTING #: 211	180133	
EMPLOYER:							
authorization please I amount) you would lik	list ALL deducti ke to change. 1	ions. If this authorizatio ⊓his authorization will re	on is to "UPDATE CUR	RENT" existing Payizations received for	roll deposits please only	elow. If this is a "NEW EMPLO y indicate which suffixes (& c, & will remain in effect until	
Indicate the exact de	ollar amount to	o be deposited to eac	h account. Write "NE	T" in the \$ Amount	for the account where	e the balance should be dep	osited
Account Type	Suffix	\$ Amount		Account Type	Suffix	\$ Amount	
Regular Savings	00		_	Christmas Club	01		
RealSaver	09		_	Vacation Club	02		
Checking	80		_	Special Purpos	e 90		
Checking	85		_	Special Purpos	e 91		
IRA Accumulator			_	Special Purpos	e 92		
Money Market			_				
				Other Accounts	s Suffix	\$ Amount	
This form is to be use Union, or to change tl			ne accounts that you sp	pecify. You will need	I to contact your employ	er to set up the deposit to the	: Credit
Signature:				Date:			