DIRECT DEPOSIT AUTHORIZATION

Company Name	Date
Social Security Number	Employee Name

FINANCIAL INSTITUTION / DEPOSIT INFORMATION

Financial Institution Identification Number **311376902**	Account Number
FINANCIAL INSTUTION	**ACCOUNT TYPE (MARK ONE)**
☐ A = Direct Deposit / Financial Institution's Name **Access Community Credit Union**	☐ S = Savings Account ☐ C = Checking Account

☐ **DIRECT DEPOSIT INITIATION**

I hereby authorize my employer to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) checking and/or savings account indicated above and the depositories named above, each hereinafter called depository, to credit and/or debit the same to such accounts.

Date	Signature

☐ **DIRECT DEPOSIT CANCELLATION AUTHORIZATION**

I hereby cancel the authority previously given to my employer by this written notification from me of its termination in such time and in such manner as to afford the employer and the depository a reasonable opportunity to act on it.

Date	Signature

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