

**CREDIT UNION
DIRECT DEPOSIT/PAYROLL DEDUCTION
AUTHORIZATION FORM**

Date: _____

PART I: EMPLOYEE INFORMATION

Employee Name: _____

Employee Address: _____

Company Name: _____

Company Address: _____

Company Fax #: _____

Last 4-digits of Social Security #: xxx-xx- _____ Employee #: _____

Action To Be Taken: Start Direct Deposit/Payroll Deduction Change Stop

PART II: CREDIT UNION INFORMATION

CU Name & Address	CU Member #	CU Routing #	Deposit Amount <small>Specified Amount or word "NET"</small>	Type of Account:	
First Capital FCU PO Box 7746 1601 Kenneth Road York, PA 17404	-----	231387165	\$ _____	_____	C=Checking S=Savings

PART III: AUTHORIZATION

I hereby authorize and request my employer to direct the amount of my periodic pay shown under "Deposit Amount" for crediting to my account indicated above, and I further authorize the financial institution to credit the same to such account.

This authorization will remain in effect until I initiate the required stop action in such time and in such manner as to allow my employer the reasonable opportunity to act upon it.

Employee Signature: _____ **Date:** _____