

**CREDIT UNION
DIRECT DEPOSIT/PARYOLL 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><i>Specified Amount or word "NET"</i></small> | Type of Account: |
|-------------------|-------------|--------------|--|------------------|

| | | | | |
|--|-------|-----------|----------|-------|
| First Capital FCU 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:** _____