

AUTHORIZATION FOR DIRECT DEPOSIT/PAYROLL DEDUCTION TO SUMMIT FEDERAL CREDIT UNION

Please complete the direct deposit form below, print it, sign it, and forward it to your payroll department.

Authorization Code: New Change Cancel

Name: _____ Social Security #: _____

I hereby authorize _____ to initiate credit entries
(Employer)

and, if necessary, debit entries and adjustments for any credit entries in error to my account listed below. This authorization REPLACES all previous SFCU direct deposit/payroll deposit authorizations and should begin with my pay of: _____ OR as soon as possible .

Account # _____ at Summit Federal Credit Union in Akron or Salem, OH

R & T / ABA # 2412-7346-3

Deposit a **set amount of** \$ _____ **OR** Deposit my **net pay** (check only one)

into my Checking **OR** Savings (check only one)

This authority is to remain in full force until my EMPLOYER has received written notification from me of its termination or change in such time and manner as to afford my EMPLOYER a reasonable opportunity to act on it. I have authorized my pay department to deduct the amount shown above from my pay each payday for deposit in SFCU.

Signature _____ Date: _____

If you wish to have your deposit distributed on your account, please contact Summit FCU in person, phone, or by e-mail or complete and send the form below to: P O Box 1460, Akron, OH 44309-1460.

Detach

Name _____ CU Account # _____

Soc. Sec. # _____ Employer: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Please redistribute my payroll as shown here beginning with my pay of: _____

SAVINGS (00) \$ _____ CHECKING (09 or 29) # _____ CHRISTMAS CLUB (15) _____ VACATION CLUB (16) _____ OTHER _____	LOAN (50 - 69) # _____ \$ _____ (50 - 69) # _____ (50 - 69) # _____ IRA (05, 06 or 07) # _____ OTHER _____	TOTAL DEPOSIT PER PAY - NET <input type="checkbox"/> or \$ _____ (Check one above)
--	--	---

Signature _____ Date _____

FOR CREDIT UNION USE ONLY Date rec'd _____ By _____ Programmed _____ By _____

