

DIRECT DEPOSIT AUTHORIZATION

Utilize this form to authorize your employer, government or pension funds or any other depositing agencies to deposit directly into your Affinity Credit Union account.

NOTIFICATION OF DIRECT DEPOSIT

Employer Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Employee ID (if applicable): _____

FINANCIAL INSTITUTION AND ACCOUNT INFORMATION

Affinity Credit Union Routing Number: **273074504**

Account Number: _____

Checking Account Savings Account

AUTHORIZATION

Printed Name: _____

Signature: _____

Date: _____

