



## Direct Deposit Authorization Form

*Please complete all the applicable blocks and submit this form to your employer*

Name:

\_\_\_\_\_

Name as stated on Paycheck

Social Security Number:

-  -

Account Number:

TFCU Membership Number

Suffix

Amount: \$ \_\_\_\_\_.

**(if you would like a deduction to more than one suffix please complete the boxes below)**

Amount: \$ \_\_\_\_\_.

Amount: \$ \_\_\_\_\_.

TFCU Routing Number:

**322079324**

Effective As of:

-  -

Month

Day

Year

X \_\_\_\_\_ Date: \_\_\_\_\_  
 Authorizing Signature

By signing above you are authorizing your employer to deduct the funds as requested and send them electronically to your TFCU account. Funds will only be accessible on the date of payroll as specified by your employer. If you are missing your payroll please contact your employer prior to contacting the credit union.

