DIRECT DEPOSIT



Authorization Form

Complete this authorization to change direct deposits to Technicolor Federal Credit Union. Then, provide this to your payroll office or to any other party whom you authorize to make automatic deposits to your account.

F / N				F.65	
Employer's Nam	ne			Effect	tive Date to Begin Direct Deposits
Address					
City			State		Zip
Please disconti	nue making direct d	eposits to:			
Finan	cial Institution:				
Please make di	rect deposits to my	new account at:	Ne 12		irred to set up Direct Deposit Authorization with the credit union.
Financial Institution:		Technicolor Federal Credit Union 434 W. Alameda Ave. Burbank, CA 91506	Pa — TE	ay to the order of ECHNICOLOR 322079324 1: 1	SAMPLE CHECK SAMPLE CHECKING FOR CHECKING ACCOUNTS ONLY Dollars
Routing #:		322079324		Routing #	Acct. #
Please make th	e following direct de	eposits to these accounts:			
Account Type	Account Number (#		Deposit Entire Pag	ycheck (Y/N)	Amount Per Paycheck (\$)
EXAMPLE	1000000999	(EXAMPLE) the final six (6) numbers are your member number	Tes Of (NO) Amo	Io Please Specify the bunt to deposit each check in the next box	\$850.00
Savings	10000000		Tes of No Amo	lo Please Specify the bunt to deposit each check in the next box	\$
Checking	11000000		Tes of No Amo	lo Please Specify the bunt to deposit each check in the next box	\$
Signature					
X					
Signature Date					
If you have any	questions regarding	this request, please contact me at:			
Name					
Address					
City/State/Zip					
Daytime Phon	ne	Evenin	ng Phone		
Mobile Phone		Fmail /	Address		