



# Direct Deposit Authorization Form

## Personal Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Alternate Phone Number \_\_\_\_\_

## Type of Deposit

☐ Payroll   ☐ Retirement   ☐ Dividend   ☐ Other \_\_\_\_\_

To The County Federal Credit Union Routing Number **211288006**

Checking Account Number

☐ Specific Amount \$ \_\_\_\_\_

☐ Entire Check

Savings Account Number  Percentage of Check

☐ Specific Amount \$ \_\_\_\_\_

☐ Entire Check

I authorize, \_\_\_\_\_  
(name of company)

to automatically deposit my check into my accounts at The County Federal Credit Union listed above. This authorization will remain in effect until I file a new authorization or this authorization is revoked by me in writing.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date