



Authorization Agreement for Direct Deposit

Company / Employer Name

I authorize the above **Company/Employer** to deposit my net payroll on each pay period to my Equitable Federal Credit Union account listed below.

- Checking*
 Savings

Credit Union Name	
Equitable Federal Credit Union	
Routing Number	Account Number
241273308	

Please use the following information and signature as authorization. Please contact me with any questions or concerns regarding this request.

Printed Employee Name (FIRST/MIDDLE/LAST)		Employee Identification Number (IF APPLICABLE)	
Street Address	City	State	Zip
Daytime Phone Number		Social Security Number	
Signature			Date

*Staple a VOIDED Equitable Federal Credit Union check to this completed form and mail/deliver to your company's payroll department