

Direct Deposit Authorization

Use this form to notify your employer to begin placing deposits in your account.



Personal Information

Member Name: _____

Social Security Number: _____

Employee Number (if applicable): _____

Phone Number: _____

Account Information

Credit Union: Liberty Savings Federal Credit Union

Account Type: Checking Savings

Routing Number: 2212-76118

Account Number: _____

Please attach a voided check to this form to ensure proper routing of your direct deposit.

Net Pay Partial Pay \$ _____

Authorization

To Employer/Payor Name: _____

I authorize the above Employer/Payor and Liberty Savings Federal Credit Union to initiate credit entries and, if necessary, to initiate any debit entries and adjustments to correct any erroneous credit entries for Direct Deposit of above payroll or other amount to my above account at Liberty Savings Federal Credit Union, on a recurring basis until I notify you in writing that I revoke this authorization.

X _____ Date: _____

Deduction Information

Name: _____ Account #: _____

If you want a portion of your pay allocated to your other accounts, please indicate the dollar amount below:

	Sub Account Suffix	Amount
Loan:	_____	_____
Loan:	_____	_____
Insurance:	_____	_____
Holiday Club	_____	_____
Vacation Club	_____	_____
Checking	_____	_____
Savings	_____	_____
Other:	_____	_____

Remainder to: Checking Savings

X _____ Date: _____

