



# Authorization Agreement for Direct Deposit

Please Review and Complete the following Information.  
Return this Form to your Employer's Human Resources Department.

Direct Deposit Authorization:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Direct Deposit Instructions:

Account #: \_\_\_\_\_  Deposit Entire Amount to:  Checking  Savings

Deposit \$ \_\_\_\_\_ to:  Checking  Savings

My Credit Union's Direct Deposit Information:

**1st Ed Credit Union**  
**1156 Kennebec Drive**  
**Chambersburg, PA 17201**

**Routing #: 231379966**

**Phone: 717-264-6506**

I Hereby Authorize:

- The Above Listed Entity to Initiate Deposit of my Funds to my 1st Ed Credit Union Account.
- 1st Ed Credit Union to Credit Entries to my Account.
- This Authorization to Remain in Effect Until I Send Written Notice of Change or Cancellation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_