



DIRECT DEPOSIT AUTHORIZATION FORM

This is an authorization agreement for automatic deposits (ACH Credits).

Company/Employer Name

I authorize the above named **Company/Employer** to electronically deposit my net pay to the specified account at my financial institution listed below each payday:

Checking Account Savings Account

Financial

Sky FCU

Routing Number

Account Number

If monies to which I am not entitled are deposited to my account, I authorize my financial institution to return said funds.

This authority will remain in effect until I have filed a new authorization, or until revoked by me in writing or upon termination of my employment with said **Company/Employer**.

PRINT Name

Last 4 of Social Security Number

Signature

Date

If available staple, in this box, a VOIDED check or deposit ticket for the account indicated above.

Return this completed form to your Company/Employer.