

# Direct Deposit Authorization Form for ACH payroll deposits to IFCU accounts



INDUSTRIAL FEDERAL CREDIT UNION

Employer: \_\_\_\_\_

Employee Name: \_\_\_\_\_

First MI Last

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employee Number/Clock Number \_\_\_\_\_

Depository: INDUSTRIAL FEDERAL CREDIT UNION

Transit Number: 274974878

Account Number: \_\_\_\_\_

START

Checking  Savings

Amount to Deposit:  Net Check  Partial Amount \_\_\_\_\_

CHANGE

**Previous**  
Amount \_\_\_\_\_  Checking  Savings

**New**  
Amount \_\_\_\_\_  Checking  Savings

CANCEL direct deposit to my above listed IFCU account

I hereby authorize the above listed employer to initiate, change, or cancel direct deposit to my Industrial Federal Credit Union account, as indicated above, as well as to debit corrections to my account if necessary. I understand that this form will be forwarded to my employer and, if applicable, to the authorized payroll processing company. Direct deposit will begin in a reasonable amount of time upon receipt of this form by my employer or payroll processing company. This direct deposit authority will remain in effect until my employer has received written notification of cancellation or changes.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

