



Direct Deposit Authorization Form

Attention Employer: If you are unable to accept this form, please mail the authorized form that your organization uses to the address below.

Name

Address

City

State

ZIP Code

Deposit Instructions:

Formation Credit Union

10289 Airline Highway
Baton Rouge, LA 70816

Routing #265473508

(225) 292-8910

_____	\$	\$
<i>Checking Account #</i>	<i>Full Amount</i>	<i>Specific Amount</i>
_____	\$	\$
<i>Savings Account #</i>	<i>Full Amount</i>	<i>Specific Amount</i>
_____	\$	\$
<i>Other Account #</i>	<i>Full Amount</i>	<i>Specific Amount</i>

I authorize:

- The company listed above to initiate deposits to the above named account(s).
- Formation Credit Union to credit entries to the above named account(s).
- That this authorization replaces any previous authorization to remain in effect until I send written notice of change or cancellation.

Signature

Date

Printed Name

SSN

Address

Telephone #

City

State

ZIP Code

Attach a voided check and/or deposit slip from the above identified accounts.