



Direct Deposit Authorization Agreement

I, _____, hereby authorize _____ to
Your name *Company*
initiate automatic deposits to my account at the financial institution named below. I also authorize
withdrawals from this account in the event that credit entry is made in error.

Further, I agree not to hold _____
Company
responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me
or by my financial institution or due to an error on the part of my financial institution in depositing
funds to my account.

This agreement will remain in effect until _____
Company
receives a written notice of cancellation from me or my financial institution, or until I submit a new
direct deposit form to the Payroll Department.

Employer Mailing Address:

Employee Name: _____

Employee ID Number/SSN: _____

New Account Information

Name of Financial Institution: **Sunset Science Park Federal Credit Union**

Routing Number: **323075220** _____

Account Number: _____

- Checking**
- Savings**

Signature

Authorized Signature : _____ **Date:** _____

Please include a VOIDED blank check from your Sunset Science Park Federal Credit Union checkbook when submitting this form to your payroll department.