

Direct Deposit Authorization

Use this form to notify your employer (or other source of funds) to begin placing deposits in your account.



Personal Information

Member Name: _____

Social Security Number: _____ Employee Number: _____ (if applicable)

Street Address: _____

Address Line 2: _____

City: _____ State: _____ ZIP: _____

Home Phone Number: _____ Work Phone Number: _____

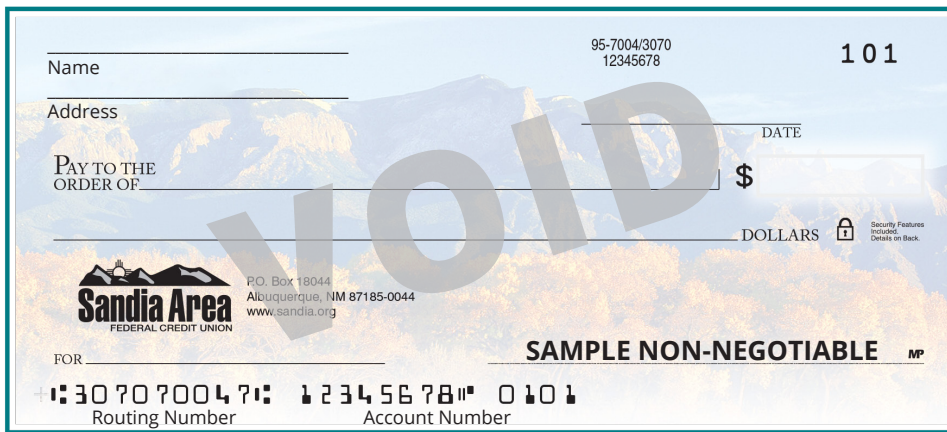
Account Information

My Credit Union is: Sandia Area Federal Credit Union

Account Type: _____
(Savings or Checking)

Bank Routing Number: 307070047

Account Number: _____



** Please verify the information on the check image exactly matches the information on your check. If the information does not match, please attach an actual check to ensure proper routing of your direct deposit.

Deposit Information

Effective: Immediately
 Beginning on: _____

Amount: Entire Net Pay
 _____% of Net Pay
 Specific dollar amount _____ .00

Authorization

To Employer/Payor Name: _____

I authorize the above Employer/Payor to initiate credit entries and, if necessary, to initiate any debit entries and adjustments to correct any erroneous credit entries for Direct Deposit of above payroll/other amount to my above account at Sandia Area Federal Credit Union, on a recurring basis until I notify you in writing that I revoke this authorization.

X _____ Date: _____