



SMW 104
FEDERAL CREDIT UNION

DIRECT DEPOSIT FORM

Name: _____

Employee Company: _____

Please indicate action required:

Start Direct Deposit Change Direct Deposit Stop Direct Deposit

(Allow at least two paydays to start or change your direct deposit.)

ACCOUNT INFORMATION

Name of Financial Institution: SMW 104 Federal Credit Union

Routing Number: 321171317

Account Number: _____

Checking Savings

OPTIONAL – I would like a designated amount from each deposit credited to my account specified below. The remaining balance of the deposit will be credited to the account above.

Name of Financial Institution: SMW 104 Federal Credit Union

Routing Number: 321171317

Account Number: _____

Checking Savings

Specified Dollar(\$) of Deposit: _____

AUTHORIZATION AGREEMENT

Important! Please read and sign before completing and submitting.

I hereby authorize (Employee Company listed above) to initiate automatic deposits to my account at SMW 104 FCU. I also authorize withdrawals from this account in the event that a credit entry is made in error. Further, I agree not to hold (Employee Company listed above) responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by SMW 104 FCU or due to an error on the part of SMW 104 FCU in depositing funds to my account. This agreement will remain in effect until (Employee Company listed above) receives a written notice of cancellation from me or SMW 104 FCU and in such manner as to afford SMW 104 FCU a reasonable opportunity to act on it, or until I submit a new direct deposit form to my Payroll Department.

SIGNATURE

Authorized Signature: _____ Date: _____

Please return this form to your Employee Payroll or HR Dept.