

PAYROLL DEDUCTION (Electronic) DIRECT DEPOSIT AUTHORIZATION



P.O. Box 1509
Fayetteville, GA. 30214-6509
(770) 719-1111
1-800-338-5882

EMPLOYER: _____ **ROUTING NUMBER:** 2610-7132-8

Employee Name: _____ **Social Security No.:** _____
Please Print: (last, first, middle initial)

Address: _____ **Employee No.:** _____
(street, route, P.O. Box, APO/FPO)

_____ **Telephone Number:** _____
city, state, zip code

This box for Payroll Deduction/**portion of your check ONLY!** **Amount:** \$ 1250

Please check **ONE** for Payroll Deduction:

New payroll deduction **Change** payroll deduction **Cancel** payroll deduction

SAVINGS ACCOUNT NUMBER: 568972683
or
CHECKING ACCOUNT NUMBER: _____

OR (If applicable)

This box for Direct Deposit/**entire check ONLY!** Please check **ONE** for net pay:

New Net Pay **Cancel** Net Pay

SAVINGS ACCOUNT NUMBER: _____
or
CHECKING ACCOUNT NUMBER: _____

I certify that I am entitled to the payment identified above. In signing this form I authorize the above payment to be sent to The Southern Federal Credit Union to be deposited to the designated account. I also hereby acknowledge receipt of The Southern Federal Credit Union's Regulation E Disclosure.

It is my responsibility to inform the Credit Union how to allocate my pay between accounts (savings, checking, club, loan, etc.) My employer is not responsible for allocation information.

Employee Signature: _____ **Date:** _____

THIS SECTION TO BE COMPLETED BY THE SOUTHERN FEDERAL CREDIT UNION

Primary Member's Name if different from above: _____

Signature of Representative: _____ Date: _____