



DIRECT DEPOSIT AUTHORIZATION FORM

New

Change

Cancellation

Employee #

Employee Name (please print)

Employee Phone #

The undersigned hereby authorizes employer to make deposits on a continuing basis to the account listed below. This authorization will remain in effect until written notice of intent to cancel deposits is given to payroll.

Employee Signature

Date

Please Indicate Your Pay Frequency

Weekly

Biweekly
(every other week)

Semi-Monthly
(twice a month)

Monthly

Direct Deposit Amount

Net Pay

Specified Amount _____

Your deposit may be deposited into either a savings or a checking account. Indicate your choice below:

Savings

Checking

Routing # 265481888

Account # _____

Total Choice Federal Credit Union
PO Box 560
Hahnville, LA 70057

Phone # 985-783-2130

Employee, please deliver this form to your payroll department.