



DIRECT DEPOSIT AUTHORIZATION

Employee # _____ Employee Name (please print) _____ Employee Phone # _____

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

Signature: _____ Date: _____

Please Circle Your Payment Frequency:

Weekly

Biweekly

Semi-Monthly

Monthly

NET PAY DEPOSIT

Check the appropriate box below:

- Change existing net pay deposit
- Cancel existing net pay deposit
- New net pay deposit

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

- Savings
- Checking

Routing # 265481888 Account # _____

Total Choice Federal Credit Union Phone # 985-783-2130
PO Box 560
Hahnville, LA 70057

Please send completed form to your payroll office.