



Direct Deposit Agreement Form

To enroll in Direct Deposit, complete this form and forward to your company/employer.

Company/Employer Name

I hereby authorize above named Company/Employer to initiate automatic deposits to my account at the financial institution indicated below (this includes my authorization to correct entries made in error. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Member Name	
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Bank Name	ABA Routing Number
Dowell Federal Credit Union	303985932

Account Number	Amount	Type
		CHECKING

This authorization is to remain in full force and effect until the Company/Employer has received written notification from me of its termination in such time and such manner as to afford Company/Employer and Dowell Federal Credit Union a reasonable opportunity to act on it.

Employee Name	Employee ID
Signature	Date