

Authorization Agreement

Rivertown Community FCU Direct Deposit

Please review and complete the following information. Return this form to your employer's human resources office.

Direct Deposit Authorization

Name SSN

Address

City State Zip

Company Name

Company Address

Company City State Zip

Deposit Instructions

Deposit entire amount to checking account

Account No.

Deposit \$ to savings

Account No.

and remaining amount to checking account No.

Rivertown Community FCU
Grandville, MI 49468-0249
Transit/ABA# 272486203

Signature

I hereby authorize:

- Above listed entity to initiate credit or debit entries if necessary, to correct any credit entries made in error, to my checking or savings account at Rivertown Community FCU.
- Rivertown Community FCU to credit and/or debit entries to my account(s).
- This authorization to remain in full force and effect until I send a written notice of change or cancellation.

Your Signature _____ Date _____