Direct Deposit Authorization

☐ **Initial Authorization** ☐ **Change in Authorization**

Member Name:

Employer:

Deposit Amount

Deposit Account ☐ Savings ☐ Checking

☐ **Net Check OR** **$** **Payroll Deduction**

Direct Deposit Account Information

Suffolk Credit Union Routing (ABA) Number: **221481181**

Enter Member Number:

OR

Enter Checking Account MICR Line (located on the bottom of your check):

1	1	4	1										

Agreement:

Direct Deposit is the electronic transfer of an employee's Net Pay or Payroll Deduction into the Credit Union. I hereby authorize my employer to deduct from my salary the amount indicated on this Authorization and to deposit these funds at the Credit Union for each payroll period following receipt of this Authorization until further notice from me.

If this is a change to a previous Authorization, I instruct my employer to cancel my previous Authorization and to follow this Authorization. If I fail to cancel this Authorization upon filing for bankruptcy, my employer and the Credit Union are directed to make and apply deductions in accordance with this Authorization.

X _____ **X** _____

Signature **Date**

Submit to Employer