



Invested in You

DIRECT DEPOSIT Authorization Agreement

Member Name: _____

Social Security Number: _____

I hereby authorize: _____

hereinafter called Company, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my:

(Select one)

Checking Account

Savings Account

Receiving Financial Institution:

Community First Credit Union of Florida

Routing Transit (ABA)# 263078934

Please include your full 14-digit account number from the bottom of your check as seen in the example below:

Account Number

This is your entire checking account number (14 digits in length)

⑆263078934⑆ 1234567890 1234 ⑈0101

Routing/Transit Number

This is a 9-digit number that identifies the financial institution where your checking account is located

Check Number

Member Account Number: _____

IMPORTANT: Attach a voided check or deposit slip and return to your company's payroll department.

This authorization is to remain in effect and full force until Company has received written notification from me of its termination in such manner as to afford Company, and Financial Institution a reasonable opportunity to act on it.

Signature: _____

Date: _____

Call our Member Service Call Center for assistance:

904.354.8537

800.342.8416