



TO BE SUBMITTED TO YOUR EMPLOYER.

Direct Deposit Authorization Form

If you would like to enroll in Direct Deposit or make changes to your current elections, complete the following form. Please check with your employer for specific instructions. Once completed, submit the following form to your employer for authorization of the electronic deposit of your payroll or monthly benefits check into your Atlantic Federal Credit Union account.

Name (Please print)
Daytime Phone Number
Social Security Number
Employer Name
Employee Number

I Authorize You To: Start My Direct Deposit Change my Direct Deposit

Effective: Immediately Start Date (dd/mm/yyyy)

Routing Number: 221 276 370

Member Number
Savings Acct. Number
Checking Acct. (MICR) Number

Please specify account type and dollar amount you would like to deposit each pay period. If you would like to deposit the full check amount, write FULL in the space provided.

Account Type: Savings: \$ Checking: \$ Other (Specify): \$

Signature Date