



**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

Account 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 _____