COUNTY FEDERAL
SANTA CLARA COUNTY FEDERAL CREDIT UNION

ACH Direct Deposit Authorization

_____ - _____
Member Name Member Account Suffix

_____
Date Daytime Phone Alternate Phone

☐ NEW ☐ CHANGE ☐ CANCEL

I hereby authorize _____ to initiate direct deposits to the accounts indicated below.
(Employer Name)

The authorization is to remain in full force until I revoke it by submitting a new direct deposit authorization form. I also agree that in the event that funds are erroneously deposited into my account in excess of the authorized amount, it may be withdrawn by my payroll company without liability or prior notice.

Employer Address: _____
_____
_____

Account Information:

Depository Name: Santa Clara County Federal Credit Union
Routing Number/ABA: 321176972

Checking Account
Account Number: _ _ _ _ _ _ _ _ _ _ _ _ ☐ Entire Net Pay ☐ Amount of Deposit: $_____
(12 digits)

Savings Account
Account Number: 0 0 0 0 0 __ __ __ __ __ 0 0 ☐ Entire Net Pay ☐ Amount of Deposit: $_____
(12 digits)

For checking account deposits, please attach a voided check below.

_____ _____
Member Signature Joint Owner Signature

Credit Union Use Only

CU Representative: _____ Date Completed: _____ MSS Verification: _____