

Direct Deposit Authorization Form

When completed, give this form to your employer's payroll department.

Information ye	our employer nee	ds:		
Your name:				
Address:		City	State Zip	
Social Security	Number:	City		
Employee Nur	mber (if applicable): _			
Please deposi	t the specified am	ount to the account listed below:		
Financial Instit	tution: Technology	Credit Union		
Routing/Trans	it Number: 12118	1976		
	Savings Account	Savings Account #		
	☐ Entire Pay	☐ Amount of Deposit : \$	per pay period	
	Checking Accour	nt #:		
	☐ Entire Pay	☐ Amount of Deposit : \$	per pay period	
Your account n	number is a 13-digi	t number that must be formatted as follo	ws:	
• First Digit: Ad	ccount Code (1 for	share – i.e. checking/savings – accounts,	2 for loans)	
• Next 2 digits:	: Account ID (11 fo	r primary checking)		
• Last 10 digits	:: Membership num	nber preceded by zeros		
For example, f	or the primary che	cking account of member #123456, you	would enter 1110000123456.	
This request is Authorization. account in exc	to remain in effect I also agree that, in	to honor the direct deposit until changed by me in writing by submin consideration of this service, any funds and amount or then current salary entitlem without liability or prior notice.	tting a new Direct Deposit erroneously deposited in my	
Signature of Empl	oyee		Date	