



Direct Deposit Agreement Form

By completing and signing this Direct Deposit Agreement, I hereby authorize to initiate automatic deposits to my account at the financial institution named below and to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold above named company responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until I provide a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Employee Name: _____

Name of Financial Institution: **Associated Credit Union of Texas**

Routing Number: **313189401** _____

Account Number: _____ Checking Deposit Amount:

Account Number: _____ Savings Deposit Amount:

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip and return this form to the Payroll Department.