



Direct Deposit Agreement Form

Authorization Agreement:

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 if 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.

Account Information:

Employee Name: _____

Name of Financial Institution: Associated Credit Union of Texas

Routing Number: 313189401

Account Number: _____ Checking Savings

Deposit Amount: _____ Frequency: _____ Start Date: _____

Employer Name: _____ Contact Name: _____

Contact Number: _____ Contact Email: _____

Member Signature: _____ Date: _____

For questions, please contact _____ at _____