

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Complete this authorization to start direct deposits to Community Powered Federal Credit Union and provide to your payroll office or any other payor who makes automatic deposits to your account.

Date Name

Address

City State Zip

Employer/Depositor's Name

Address

City State Zip

Deposit Instructions (check one):

Deposit entire amount into:

Deposit \$ _____ into:

Checking Account Number

Savings Account Number

Share Type

Share Type

and the remainder into:

Checking Account Number

Community Powered Federal Credit Union
1758 Pulaski Hwy
Bear, DE 19701
Transit/ABA # 231177016

I hereby authorize the above listed entity to initiate deposit of my funds to my Community Powered Federal Credit Union checking or savings account. Community Powered Federal Credit Union may also credit entries to my account(s). This authorization is to remain in effect until a written notice of change or cancellation is given.

If you have any questions about this request, please contact me during the day evening at (_____) _____
Phone Number

Thank You.

Sincerely,

Signature Name Date

Please complete this form, sign, and return to the appropriate institution.



YOUR COMMUNITY CREDIT UNION