



DIRECT DEPOSIT AUTHORIZATION

Name

Employer

I hereby authorize my employer to deduct \$ _____ from my wages each pay period and send it to CommunityWide Federal Credit Union for deposit into my account or for payment on a loan. I understand that this authorization is revocable upon written notice to my employer.

Routing Number

Account Number

Account Type (*Must be Savings or Checking*)

X _____
Signature

Payroll Number
(Assigned by Employer)

Social Security #
(If required by Employer)