

DIRECT DEPOSIT AND PAYROLL FORM**EMPLOYER'S COPY**Print Name: _____
Account Number: _____ Social Security # _____☐ **AUTHORIZATION AGREEMENT
FOR DIRECT DEPOSIT**
Use for Direct Deposit, ACH, EFT with employer.
(Not use with Social Security or Federal Recurring Payment)I authorize _____ to deposit my
(Employer's Name)
_____ net check or \$ _____ to my account at First Financial
Federal Credit Union. ABA/Transit# 231278339Check one: ☐ Checking ☐ Savings
You are paid: ☐ Weekly ☐ Monthly
☐ Every Other Week ☐ Twice a MonthEmployer's Address: _____
Phone: _____

By participating in this Direct Deposit Program, I authorize my employer and its bank to initiate automatic deposits and adjustments (in the event of error) to the account specified above. This authority is to remain in full force until my employer has received written notification from me of its termination and has had reasonable opportunity to act on it. If there is a question concerning the deposit of my payroll check, I am to contact my Credit Union or my payroll department.

☐ **AUTHORIZATION REQUEST FOR
PAYROLL DEDUCTION**Check One: ☐ New Effective Date: _____
☐ ChangeI authorize you to deduct the following amount \$ _____
from my pay until further notice from me, and deposit same
in First Financial Federal Credit Union.
This authorization replaces all previous requests.Check one: ☐ Checking ☐ Savings
You are paid: ☐ Weekly ☐ Monthly
☐ Every Other Week ☐ Twice a MonthEmployer's Name: _____
Employer's Address: _____
Phone: _____

In signing this card, I authorize First Financial to verify my identity, credit, and employment history by any necessary means, including a credit report.

Signature of Member _____

Date _____

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Instructions to First Financial: Deduction to be applied each pay as follows:

Savings	\$ _____	Checking (3)	\$ _____	Premium Money Market (2)	\$ _____
Sub Savings	\$ _____	Checking (6)	\$ _____	Summer Savings (5) (50/50 or 100%)	\$ _____
Holiday Club (4)	\$ _____	Escrow (8/9)	\$ _____	Related Account:	\$ _____
IRA Accounts (7/8)	\$ _____	Insurance	\$ _____	Related Account:	\$ _____