

DIRECT DEPOSIT AUTHORIZATION FORM



Mercer County NJ Teachers'
Federal Credit Union

Fill in the boxes below and sign the form.

Last Name <input style="width: 100%; height: 20px;" type="text"/>	First Name <input style="width: 80%; height: 20px;" type="text"/> MI <input style="width: 20%; height: 20px;" type="text"/>
Social Security Number <input style="width: 30%; height: 20px;" type="text"/> - <input style="width: 20%; height: 20px;" type="text"/> - <input style="width: 40%; height: 20px;" type="text"/>	Work Phone <input style="width: 20%; height: 20px;" type="text"/> - <input style="width: 20%; height: 20px;" type="text"/> - <input style="width: 40%; height: 20px;" type="text"/>
Action <input style="width: 20%; height: 20px;" type="checkbox"/> New <input style="width: 20%; height: 20px;" type="checkbox"/> Change <input style="width: 20%; height: 20px;" type="checkbox"/> Cancel	Effective Date <input style="width: 20%; height: 20px;" type="text"/> / <input style="width: 20%; height: 20px;" type="text"/> / <input style="width: 20%; height: 20px;" type="text"/> Month Day Year
Name of Financial Institution <input style="width: 100%; height: 20px;" type="text"/>	
Account Number <input style="width: 80%; height: 20px;" type="text"/>	Type of Account <input style="width: 20%; height: 20px;" type="checkbox"/> Checking <input style="width: 20%; height: 20px;" type="checkbox"/> Savings
Routing Transit Number <input style="width: 80%; height: 20px;" type="text"/>	Ownership of Account <input style="width: 20%; height: 20px;" type="checkbox"/> Self <input style="width: 20%; height: 20px;" type="checkbox"/> Joint <input style="width: 20%; height: 20px;" type="checkbox"/> Other

(All 9 boxes must be filled. The first two numbers must be 01 through 12 or 21 through 32.)

By signing this agreement, I authorize _____ to initiate credit entries to the account indicated above for the purpose of expense and/or payroll. I also authorize _____ to initiate, if necessary, debit entries and adjustments for any credit entries made in error.

Signature _____ Date _____

If the account is a joint account or in someone else's name, that individual must also agree to the terms stated above by signing below.

Signature _____ Date _____

HOW TO COMPLETE THIS FORM

1. Fill in all boxes above.
2. Sign and date the form.



Call your financial institution to make sure they will accept direct deposits.



Verify your account number and routing transit number with your financial institution



Do not use a deposit slip to verify the routing number.

Routing Transit Number

Account Number

JOHN PUBLIC	1234
123 Main Street	
Your Town, FL 12345	
PAY TO THE ORDER OF _____	\$ <input style="width: 50px;" type="text"/>
Your Town Bank	DOLLARS
Your Town, FL 12345	
For _____	
⑆ 250000005 ⑆ 123456789022 ⑆	

NOTE: THE ACCOUNT AND ROUTING NUMBER MAY APPEAR IN DIFFERENT PLACES ON YOUR CHECK.