BAY ATLANTIC
FEDERAL CREDIT UNION
Established 1939
"Generations of family friendly service"
www.bayatlanticfcu.org

Direct Deposit of Payroll Authorization

Name: _____ **SS#:** _____

Employer _____ **Emp. Phone#** _____

☐ **Initial authorization** ☐ **Change in authorization**

I hereby authorize my employer to deposit these funds at the Credit Union for each benefit payment period following receipt of this Authorization until further notice from me. If this is a change in a previous Authorization, I instruct my employer to cancel my previous Authorization and to follow this Authorization. If I fail to cancel this Authorization upon filing for bankruptcy, the Unemployment Division and the Credit Union are directed to make and apply deductions in accordance with this Authorization. I understand that an unforeseen delay in benefit payment processing by any outside entity (automated clearing house, financial institution) due to computer down-time, power outages or other unavoidable occurrences might affect the date of deposit of funds to my account.

Transit Routing #: 231278821
Savings Account #:

Net Benefit payment: _____ or Deposit Amount: $_____

Transit Routing #: 231278821
Checking Account

Net Benefit payment: _____ or Deposit Amount: $_____

_____
Signature of benefit payment recipient Date

Please note: _____

Initials of person accepting application_____.