



Direct Deposit Authorization Form

When completed, give this form to your employer’s payroll department.

Information your employer needs:

Your name: _____

Address: _____
City State Zip

Social Security Number: _____

Employee Number (if applicable): _____

Please deposit the specified amount to the account listed below:

Financial Institution: Technology Credit Union

Routing/Transit Number: 121181976

Savings Account # _____

Entire Pay Amount of Deposit : \$ _____ per pay period

Checking Account #: _____

Entire Pay Amount of Deposit : \$ _____ per pay period

Your account number is a 13-digit number that must be formatted as follows:

- First Digit: Account Code (1 for share – i.e. checking/savings – accounts, 2 for loans)
- Next 2 digits: Account ID (11 for primary checking)
- Last 10 digits: Membership number preceded by zeros

For example, for the primary checking account of member #123456, you would enter 1110000123456.

I hereby authorize _____ to honor the direct deposit instructions indicated above. This request is to remain in effect until changed by me in writing by submitting a new Direct Deposit Authorization. I also agree that, in consideration of this service, any funds erroneously deposited in my account in excess of my authorized amount or then current salary entitlement may be withdrawn by _____ without liability or prior notice.

Signature of Employee

Date