



Direct Deposit Authorization Form

Complete this form and take it to your Human Resources/Payroll office to initiate/change you Direct Deposit.

Employer Information		
Please complete the following information regarding the Employer.		
Name:		
Address:		
City:		
State:	Zip Code:	Phone Number:
Employee Information		
Please complete the following information regarding the Employee.		
Name:		ID Number:
Social Security Number (SSN):		
Address:		
City:		
State:	Zip Code:	Phone Number:
New Direct Deposit Information		
Please complete the following information regarding the Direct Deposit.		
Name: Local Government Federal Credit Union		
Address: PO Box 26748, Raleigh, NC 27611		
Routing Number: 253184537		
Account Number:	Account Type:	Checking <input type="checkbox"/> Share <input type="checkbox"/>

I authorize _____ (employer) to deposit my payroll check directly to the account listed above,
effective _____ (date).

Employee Name: _____

Employee Signature: _____ Date: _____