

Direct Deposit Authorization Form

Use this form to authorize your employer or pension fund administrators, or any other agency, to deposit your payment directly into your Local Government Federal Credit Union account. Provide the completed form to your human resources, payroll department or fund administrator. **Use one form for each direct deposit.**

I would like to: Start a new Direct Deposit Update my existing Direct Deposit

Employee/Account owner // Please complete the following information about the member receiving the direct deposit.

Name

Social Security Number (SSN)

Address

City

State

Zip Code

Phone Number

Employer/Agency // Please complete the following information about the employer/agency making the direct deposit.

Name

Address

City

State

Zip Code

Phone Number

Direct deposit information // Please complete the following information for the new or updated direct deposit.

Name Local Government Federal Credit Union

Address PO Box 26748, Raleigh, NC 27611

Routing Number 253184537

Account Number

Account Type Checking

Share Savings

Effective Immediately

Beginning on

Amount Entire net pay

% of net pay

Specific dollar amount \$

Authorization Agreement/Signature

I authorize _____ (employer/agency) to automatically deposit my check, and if necessary, to initiate debit entries and adjustments in the event a credit entry is made in error to the account listed above at Local Government Federal Credit Union. This agreement will remain in effect until I notify you in writing that I revoke this authorization, or until I submit a new form.

Employee Name

Employee Signature _____

Date