

Direct Deposit Authorization Agreement

Direct Deposit Authorization

Name SSN

Address

City State Zip Code

Company Name

Company Address

City State Zip Code

Deposit Instructions

- Deposit entire amount to checking account (*attach a deposit slip or voided check*)
Account # _____
- Deposit to saving \$ Account # _____ and
remaining amount to checking account # _____

Shell Community Federal Credit Union
101 Lakin Boulevard
Wood River, IL 62095

(618) 254-0605 (ph)

(618) 254-9219 (fx)

Transit/ABA# 281077603

Signature

I hereby authorize:

- My payroll to be sent to Shell Community FCU and credited to my account(s).
- Any necessary corrections of entries made in error.
- This authorization to remain in full force and effect until I send a written notice of change or correction.

Signature _____ Date _____

Return this form to your employer's human resources office.