



Complete the top portion and sign,
then give to your HR department

DIRECT DEPOSIT AUTHORIZATION

Name _____ Account Number _____

Address _____ Emery FCU ABA R/T Number: 242076753

Home Phone: _____ SSN: _____

Work Phone: _____

EMPLOYER DIRECT DEPOSIT AUTHORIZATION

Employer _____ Payroll Number _____

Address _____

Payroll Period: Weekly Bi-weekly Monthly Semi-monthly

Deposit Amount: Net Check \$ _____

Checking Savings

CREDIT UNION USE ONLY

Checking _____ Amount \$ _____

Savings _____ Amount \$ _____

Money Market _____ Amount \$ _____

Christmas Club _____ Amount \$ _____

Other _____ Amount \$ _____

SIGNATURE

Signature

Effective Date