

AUTHORIZATION FOR DIRECT DEPOSIT DISTRIBUTION

MEMBER INFORMATION

Name (Last, First MI) _____ Social Security Number _____ Primary Account Number _____
 Address _____ City _____ State _____ Zip Code _____ Phone Number _____

I hereby authorize _____ and Gather Federal Credit Union to make direct deposits and if necessary, make adjustment entries to my **Checking** **Savings** (select one). I understand that I am voluntarily assigning this direct deposit to Gather Federal Credit Union and that either my employer of myself can terminate this assignment at any time.

Deduct \$ _____ from each paycheck Assign my entire paycheck

Signed _____ Date _____ Accepted By _____

FOR CREDIT UNION USE ONLY		<input type="checkbox"/> CREATE	<input type="checkbox"/> REVISE	<input type="checkbox"/> NO SOURCE	
(40) EFT RECORD		(42) EFT TRANSFER RECORD			
GROUP NUMBER	SHARE ID	ACCOUNT #	ID	AMOUNT	EFFECTIVE DATE
<input type="checkbox"/> EFT VERIFIED BY _____ DATE _____					

CREDIT UNION COPY

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EMPLOYER COPY

