

# AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Complete this authorization to start direct deposits to Community Powered Federal Credit Union and provide to your payroll office or any other payor who makes automatic deposits to your account.

\_\_\_\_\_  
Date                      Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                                      State                      Zip

\_\_\_\_\_  
Employer/Depositor's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                                      State                      Zip

**Deposit Instructions (check one):**

Deposit entire amount into:

Deposit \$ \_\_\_\_\_ into:

\_\_\_\_\_  
Checking Account Number

\_\_\_\_\_  
Savings Account Number

\_\_\_\_\_  
Share Type

\_\_\_\_\_  
Share Type

and the remainder into:

\_\_\_\_\_  
Checking Account Number

**Community Powered Federal Credit Union**  
**P.O. Box 7739**  
**Newark, DE 19714-7739**  
**Transit/ABA # 231177016**

**I hereby authorize the above listed entity to initiate deposit of my funds to my Community Powered Federal Credit Union checking or savings account. Community Powered Federal Credit Union may also credit entries to my account(s). This authorization is to remain in effect until a written notice of change or cancellation is given.**

If you have any questions about this request, please contact me during the  day  evening at (\_\_\_\_\_) \_\_\_\_\_  
Phone Number

Thank You.

Sincerely,

\_\_\_\_\_  
Signature                                      Name                                      Date

*Please complete this form, print, sign, and return to the appropriate institution.*



**YOUR COMMUNITY CREDIT UNION**  
The Banking Alternative in New Castle County