DIRECT DEPOSIT AUTHORIZATION

Complete this form and take it to your employer.

	Account Information:
Name	SSN
Address	
Phone#	This is a: new deduction increase to deduction decrease to deduction
☐ Checking Account MICR# (or a	attach a voided check)
☐ Saving (including Money Marke	et) Account # (including 2-digit suffix)
mployee Authorization:	
nereby authorize you to send m	y Payroll Check Allotment of Annuity
rectly to: SAFE Credit Union P.O. Box 1057	
North Highlands, CA 9	95660-1057
(916) 979-7233 or (80	
eginning on	This authorization will remain in effect until cancelled by me in writing.
(date)	
	Date