

Direct Deposit/ACH Authorization

Date _____

To Employer/Company Making Deposit _____

Attn: _____

Mailing Address _____

City, ST, Zip _____

From Employee Name _____

Employee Number (if applicable) _____ Social Security Number ____ - ____ - ____

Email Address _____ Daytime Phone _____

To Whom It May Concern:

I hereby authorize _____
to make the following payroll deposit into my account at:

Carolina Trust Federal Credit Union
Routing /ABA Number: 253279510

- Please send a full direct deposit of my net check to Acct. # _____
- Please send a payroll deduction of \$ _____ per pay period to Acct. # _____
- Please allocate my payroll deduction each pay period as follows:

Account #	Type	Amount	
_____	_____	_____	
_____	_____	_____	
			Total _____

A voided check may be attached for account verification purposes.

You are currently depositing my paycheck, in whole or in part, to the following account:

Financial Institution _____

Routing Number _____ **Account Number** _____

- Please cancel my net check deposit
- Please cancel my payroll deduction(s)

Signature _____

Date _____