



DIRECT DEPOSIT AUTHORIZATION

Please complete this form and submit it to your employer's payroll administrator.

I would like to request that my payroll or designated allotment below be deposited into my account at River City Federal Credit Union. I further acknowledge that it is my responsibility to notify my employer of any changes in the financial institution, account number, or allocation of funds.

Account Information:	
<input type="checkbox"/> NEW	<input type="checkbox"/> CHANGE
Name _____	SSN _____
Address _____	
Phone # _____	-- RCFCU routing number is 314088530 --
<input type="checkbox"/> Checking Account MICR # _____	
<input type="checkbox"/> Savings Account # _____	

Employee Authorization:

I hereby authorize you to deposit my:

Payroll Check Allotment of _____

to my account at RCFCU indicated above.

Financial Institution Information:

River City Federal Credit Union
P.O Box 12689
San Antonio, TX 78212-0689
(210) 225-6866

Employee Signature _____ Date _____