



# Authorization Agreement for Five County Credit Union Direct Deposit

Please review and complete the following information.  
Return this form to your employer's human resources office.

### Direct Deposit Authorization:

<b>Name:</b>	<b>Social Security Number:</b>	
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Company Name:</b>	<b>Company Address:</b>	
<b>Company City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Deposit instructions:</b>		

- Deposit entire amount to Checking account #:
- Deposit \$ \_\_\_\_\_ to Savings account #:
- and the remainder to Checking account #

Five County Credit Union  
765 Washington Street  
P.O. Box 598  
Bath, Maine 04530  
Transit/ABA# 211287463

**I hereby authorize:**

- Above listed entity to initiate deposit of my funds to my Five County Credit Union checking or savings account.
- Five County Credit Union to credit entries to my account(s).
- This authorization to remain in full force and effect until I send a written notice of change or cancellation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_