

Employee Direct Deposit Form

Print clearly and complete all sections. An additional form may be required by your employer.



all about you™

MEMBER AND EMPLOYER INFORMATION

Member Name

Employer/Company Name

Company Address: Street, City, State, Zip Code

AUTHORIZATION AND DEPOSIT INFORMATION

I authorize my employer:

- start my direct deposit (total paycheck per pay period)
- start my payroll deduction in the amount of \$ _____ or percentage of _____% per pay period
- change my payroll deductions to \$ _____ or _____% per pay period

ACCOUNT INFORMATION

AMOCO Federal Credit Union
P.O. Box 889, Texas City, TX, 77592-0889
Routing Number: 313189391

Account#:
ACCOUNT NUMBER FORMAT MUST BE 10 DIGITS

Deposit Funds to Account Number:

- Savings Checking

I authorize my employer to automatically deposit any funds owed to me to my account(s) named above. I understand that this agreement may be terminated by me at any time in writing. I authorize my employer to debit my account for the purpose of correcting an erroneous credit previously deposited to my account.

► Signature: _____ Date: _____