



# Authorization Agreement for 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: Share Type:

Deposit \$ \_\_\_\_\_ to Savings Account: Share Type:

and the remainder to Checking Account: Share Type:

Reliant Federal Credit Union  
4015 Plaza Drive  
Casper, WY 82604  
Routing / Transit Number: # **302386529**

**I hereby authorize:**

- Above listed entity to initiate deposit of my funds to my Reliant Federal Credit Union checking or savings account.
- Reliant Federal 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: \_\_\_\_\_