

## DIRECT DEPOSIT AUTHORIZATION/CANCELLATION

Department/Employer Name

Occupation

Job Location

I hereby  authorize,  revoke authorization of \_\_\_\_\_, hereinafter called EMPLOYER, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my  Checking  Savings Account (select one) indicated below and the depository institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Depository Name: San Francisco Federal Credit Union  
770 Golden Gate Avenue, San Francisco, CA 94102

Routing & Transit/ABA #: 321076441

Member Number \_\_\_\_\_

Checking

Savings

This authority is to remain in full force and effect until EMPLOYER has received written notification from me of its termination in such time and in such manner as to afford EMPLOYER and DEPOSITORY a reasonable opportunity to act on it.

Name (Please Print)

Social Security #

Signature

Date

Credit Union Employee

X



770 Golden Gate Avenue, San Francisco, CA 94102 Phone: (415) 775-5377