

SAN FRANCISCO FEDERAL CREDIT UNION
DIRECT DEPOSIT AUTHORIZATION/CANCELLATION

Please see your employer to find out if they offer electronic Direct Deposit. Your employer may be able to accept the Direct Deposit form below.

DIRECT DEPOSIT AUTHORIZATION/CANCELLATION	
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 X	Date	Credit Union Employee

