

**SAN FRANCISCO FEDERAL CREDIT UNION**  
**DIRECT DEPOSIT AUTHORIZATION/CANCELLATION**

**The following employers will accept this form:**

- Bay Area Air Quality Management
- Conard House
- Facility Management, Food & Beverage
- Facility Management, Inc.
- Haight Ashbury Free Clinic
- Private Industry Council of San Francisco
- San Francisco Ballet
- San Francisco Housing Authority
- San Francisco Medical Center Outpatient
- San Francisco Opera Association
- San Francisco Redevelopment Agency
- San Francisco Symphony

| 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<br><b>X</b> | Date | Credit Union Employee |

