Employee Authorization For ACH Direct Deposit Origination

I hereby authorize via TRUE Co entries and, if necessary, debit entries and adju to my (select one):	-	
□ CHECKING ACCOUNT□ SAVINGS ACCOUNT		
at the depository institution named below:		
FINANCIAL INSTITUTION NAME		
CITY	STATE	ZIP
ROUTING NUMBER	ACCOUNT NUMBER	

This authorization is to remain in full force and effect until ______has received written notification from me of its termination in such time and manner as to afford and TRUE Community Credit Union a reasonable opportunity to act on it.

NAME (PLEASE PRINT)

SIGNATURE

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DATE

For Administration use only
Starting Date:
Template:
Completed by:
Added to system (date):
Approved By:
Approved Date:
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