



DIRECT DEPOSIT AUTHORIZATION

DATE: _____

To Company Making Deposit: _____

Attn: _____

Mailing Address: _____

City, ST, Zip: _____

From: _____

Employee Number (if applicable): _____ Social Security Number: ____ - ____ - ____

Email Address: _____ Daytime Phone: _____

To Whom It May Concern:

I hereby authorize _____

to make the following payroll deposit into my account at:

Carolina Trust Federal Credit Union

Routing /ABA Number: 253279510

Please send the direct deposit of my net check to Acct. # _____

Please send a payroll deduction of \$_____ per pay period to Acct. # _____

Please allocate my payroll deduction each pay period as follows:

Account #	Type	Amount	
_____	_____	_____	
_____	_____	_____	
			Total _____

A voided check is attached for account verification purposes.

You are currently depositing my paycheck in whole or in part, or you are making a payment into the following account:

Old Financial Institution: _____

Routing Number: _____ **Account Number:** _____

Please cancel my net check deposit

Please cancel my payroll deduction(s)

Member Signature

Member Name (Please Print)

Joint Member Signature

Joint Member Name (Please Print)