



FEDERAL CREDIT UNION

DIRECT DEPOSIT FORM

I authorize you and CACL Federal Credit Union to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

Transit Routing Number (ABA): 2 3 1 3 8 5 2 3 5

Account Number: _____

Check One:

Checking: _____ Savings: _____

Check One:

Net Pay: _____ Allotment: _____

Amount: \$_____.____

Employer Name: _____

Address: _____

Address: _____

City, State, Zip: _____

Account Holder Name: _____

Social Security Number: _____ - _____ - _____

Date: ____/____/____

Account Holder Signature: _____

CACL Federal Credit Union Representative:

Print Name

Signature