

DIRECT DEPOSIT FORM

AUTHORIZATION



CAFCU Members: Complete this form and give it to your employer or retirement office to request direct deposit of funds into your CAFCU checking or (regular share) savings account. Please note that your employer may have a specific form and procedure for this purpose. Contact your HR or payroll representative for details.

I'D LIKE TO DEPOSIT MY PAYCHECK INTO MY CAFCU ACCOUNT

MEMBER NAME

DATE

SOCIAL SECURITY NUMBER

EMAIL

ADDRESS

CITY

STATE

ZIP

MEMBER NUMBER

CAFCU ROUTING NUMBER

271987075

Automatic transactions are allowed through savings and checking accounts only.

SAVINGS

CHECKING

REQUEST TYPE

START A NEW DIRECT DEPOSIT

EMPLOYER/DEPOSITOR'S NAME

\$ OR %

If you would like your entire pay deposited, write **ALL** or **100** on the applicable line above.

QUESTIONS?

Scan the QR
for answers!



CHANGE MY EXISTING DIRECT DEPOSIT

Please discontinue sending my automatic direct deposit to the following account:

FINANCIAL INSTITUTION:

ROUTING NUMBER:

ACCOUNT NUMBER:

EFFECTIVE DATE:

I authorize my payer to initiate deposits and, if necessary, withdrawals to correct erroneous deposit entries to my account listed above. I understand that this authorization replaces any previous authorization and will remain in effect until the company named above has received written notification from me of its termination in a reasonable enough time to act.



Federally insured by NCUA.

MEMBER SIGNATURE

DATE