



Authorization Agreement for Direct Deposit

Please review and complete the following information.
Return this form to your employer's human resources office.

Direct Deposit Authorization:

Full Name:	Social Security Number:	
Address:		
City:	State:	Zip:
Company Name:	Company Address:	
Company City:	State:	Zip:
Deposit instructions:		

- Deposit entire amount to Savings Account Number: _____ Share Type: 000
 - Deposit entire amount to Checking Account Number: _____ Share Type: 007
- If you would like to set up distributions on your payroll, this can be done through Online Banking or you can call us at (937) 643-2160.*
- 008
009

Day Air Credit Union
P.O. Box 292980
Kettering, OH 45429-8980
Transit/ABA# 242277808

I hereby authorize:

- Above listed entity to initiate deposit of my funds to my Day Air Credit Union checking or savings account.
- Day Air Credit Union to credit entries to my account(s).
- This authorization to remain in full force and effect until I send a written notice of change or cancellation.

Signature: _____ Date: _____