



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:

Name: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

I wish to have my payroll or an allotment of my payroll deposited to Day Air Credit Union, Routing # 242277808.

Deposit Instructions:

- Deposit entire amount to Savings Account: _____ - 000
- Deposit entire amount to Checking Account: _____ - _____
- Deposit an allotment of my payroll of _____ to my:
 - Saving Account: _____ - 000
 - Checking Account: _____ - _____

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 my account(s).
- This authorization to remain in full force and effect until I send a written notice of change or cancellation.

Signature: _____ Date: _____