

## **Authorization for Automatic Deposit**

Date:	
Employer: (Required)	
Name: (Required)	— Please select one box only*
Account No.: (Required)Share ID:	Checking Savings Summertime Savings Christmas Club
Social Security No.: (Required)	<del></del>
FFCU Routing and Transit Number: 322273489	
To Employer:	
You are hereby authorized to forward my full/partial pay credit to my account(s).	to Foothill Federal Credit Union (FFCU) for
New	
Deposit	
Full Pay	
Partial Pay \$ (amount)	
☐ Update	
Change from \$ to \$	_ (amount)
Cancellation Full Pay Partial Pay \$ (amount)	
Member Signature:	
Please allow 2 - 3 pay periods for processing	
*Please complete the distribution as needed	
Add Delete Change Member # ID	Savinds Sunneriune Checkind Chiethas Anount  Checkind Chiethas Anount  S  S  S  S  S  S  S  S  S  S  S  S  S
Completed by (Teller ID):	