



## Direct Deposit Authorization

**New**

**Update**

**Cancel**

Effective date: \_\_\_\_\_

To begin using or change an existing Direct Deposit, complete this and submit it to your employer or whomever will be making payments to you. Please make sure all your personal information is correct.

### Personal Information

Member Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Home Work Cell

Phone #: \_\_\_\_\_ Home Work Cell

### Employer Information

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Initial Authorization

Statewide Federal Credit Union

Routing #: 265377222

P.O. Box 320483

Account/Draft ID #: \_\_\_\_\_

Flowood, MS 39232

Account Type:           Checking           Savings

(601) 420-5535

Amount: \$ \_\_\_\_\_

By submitting this form, I authorize the above payer to initiate credit entries and, if necessary, to initiate any debit entries and adjustments to correct any erroneous credit entries for Direct Deposit to my above account at Statewide FCU on a recurring basis until I notify you in writing that I revoke this authorization.

\_\_\_\_\_  
Member's Signature