

Authorization for Direct Deposit Avadian Credit Union

Name

Address

City

State

ZIP

Social Security Number

Name of Employer/Source of Income

I hereby authorize and instruct the above named to deposit my net paycheck or other periodic payment in the account prescribed below. This request is to remain in effect until changed by me in writing. I agree that any funds erroneously deposited into my account in excess of my authorized amount or then current salary may then be withdrawn by the credit union without my authorization or prior notice.

Routing and Transit number 2620 8752 8

Avadian Member **Savings Account** # _____

Checking Account # _____

Transfer Amount **Full Amount** \$ _____

Signature

Date

Print Name Here

INSTRUCTIONS TO
MEMBER:

COMPLETE THIS
FORM AND TAKE IT
TO YOUR EMPLOYER.


avadian
CREDIT UNION