



# 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:

|                      |                         |             |                                |  |
|----------------------|-------------------------|-------------|--------------------------------|--|
| <b>Name:</b>         |                         |             | <b>Social Security Number:</b> |  |
| <b>Address:</b>      |                         |             |                                |  |
| <b>City:</b>         | <b>State:</b>           | <b>Zip:</b> |                                |  |
| <b>Company Name:</b> | <b>Company Address:</b> |             |                                |  |
| <b>Company City:</b> | <b>State:</b>           | <b>Zip:</b> |                                |  |

## Deposit instructions:

Deposit entire amount to Checking Account: Share Type:

Deposit \$ \_\_\_\_\_ to Savings Account: Share Type:

and the remainder to Checking Account: Share Type:

**Fortera Credit Union**  
 2050 Lowe's Drive  
 Clarksville, TN 37040  
**Routing/Transit number: 264182120**

### I hereby authorize:

- Above listed entity to initiate deposit of my funds to my Fortera Credit Union checking or savings account.
- Fortera 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: \_\_\_\_\_