



# 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: \_\_\_\_\_