

DIRECT DEPOSIT
AUTHORIZATION AGREEMENT



Member Name: _____

Social Security Number: _____

I hereby authorize _____

hereinafter called Company, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my:

(Select one)

- Checking Account Savings Account

Receiving Financial Institution:
COMMUNITY FIRST CREDIT UNION OF FLORIDA

Routing Transit (ABA) #: 263078934

Member Account Number: _____

IMPORTANT: Attach a voided check or deposit slip and return to your company's payroll department.

This authority is to remain in effect and full force until Company has received written notification from me of its termination in such manner as to afford Company, and Financial Institution a reasonable opportunity to act on it.

Date: _____

Signature: _____

Lower your loan rate .25% with AutoPay.*
Arrange for automatic loan payments and save.

Please call our Member Service Call Center for assistance:
904.354.8537 • 800.342.8416 (outside Jacksonville)

*AutoPay discount of .25% applies to the following loans: Autos, Boats, RVs, Motorcycles, Jet Skis, Computers, Signature Loans and Lines of Credit.