



Direct Deposit Authorization

| To Be Completed By Employee: | |
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| Name: | <input type="checkbox"/> New Direct Dep. <input type="checkbox"/> Modify Direct Dep. |
| Address: | Account Number: _____ |
| City/State/Zip: | Routing Number: 2540-7538-6 |
| Work Phone: | <input type="checkbox"/> Savings <input type="checkbox"/> Checking |
| Home Phone: | <input type="checkbox"/> Net Check <input type="checkbox"/> Allotment |
| Social Security #: | \$ _____ |
| Employer's Name: | Frequency: |
| Employer's Address: | Payroll #: |
| City/State/Zip: | |
| <p>I certify that I am an employee of the referenced employer and that entitles me to the pay stated above. I request and authorize that my pay be sent to Transit Employees Federal Credit Union to the account named.</p> | |
| Employee Signature: _____ Date: _____ | |

| To Be Completed By Transit Employees Federal Credit Union: |
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| <p>TEFCU Certification</p> <p>I have confirmed the identity of the employee above as well as their account with Transit Employees Federal Credit Union. We agree to accept and certify that Transit Employees Federal Credit Union will receive and deposit the payment above according to the instructions listed.</p> |
| Representative's Signature: _____ Date: _____ |
| Representative's Name Printed: _____ |

DIRECT DEPOSIT TAKES AT LEAST 2 PAY PERIODS

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| <p>TEFCU PO Box 509 Greenbelt, MD 20768-0509</p> | <p>TEFCU Routing Number: 254075386 Phone: (301) 289-9800 Fax: (301) 576-7392</p> |
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