

# DIRECT DEPOSIT AUTHORIZATION



Complete and submit this form to your employer to request direct deposit of your paycheck into your Bay Federal Credit Union account. Please note that some employers may not offer this service or may require a different authorization form to establish direct deposit.

EMPLOYEE INFORMATION				
Last Name	First Name	M.I.	Social Security #	
Address	City		State	Zip
Employer Name			Employee ID (if applicable)	
Employer Address	City		State	Zip

DEPOSITORY FINANCIAL INSTITUTION	
<b>Bay Federal Credit Union</b> 3333 Clares Street Capitola, CA 95010 831.479.6000 or 888.4BAYFED (888.422.9333)	
Routing & Transit Number: 321177706	
Deposit to (account type) <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____	8-Digit Bay Federal Credit Union Account # _____

EMPLOYEE AUTHORIZATION	
<p>By signing below, I understand and agree to the following:</p> <ol style="list-style-type: none"><li>1. My employer and my employer's financial institution can initiate credit entries or debit entries to my designated Bay Federal Credit Union account as necessary to directly deposit my net pay or to correct any erroneous credit entries. Erroneous credits may be reversed by debit entry without advance notice to me, although I will be notified by my employer after the fact if an erroneous credit is reversed. I must restore any negative balance in any Bay Federal Credit Union account that results from reversal of an erroneous credit.</li><li>2. Bay Federal Credit Union may credit and/or debit entries initiated by my employer and my employer's financial institution to my designated Bay Federal Credit Union account and will honor all debits or credits to my account that are presented with the correct routing number and account number per the Electronic Funds Transfer Disclosure and Agreement I received when I opened my account.</li><li>3. This authorization will supersede any previous requests for my direct deposit and remain in full force and effect until I submit to my employer a written notice of change or cancellation. Any change or cancellation must be provided in a time and manner that affords my employer and Bay Federal Credit Union reasonable opportunity to act on it.</li><li>4. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.</li></ol>	
Employee Signature	Date