

Direct Deposit Authorization

To discontinue deposit (if necessary) to another financial institution:

I Authorize _____ to discontinue my payroll to _____ effective immediately.
Employer Financial Institution

To authorize direct deposit to Baptist Credit Union:

I hereby authorize _____, (_____) _____,
Employer's Name and Address Employer's Phone #

Hereinafter called the EMPLOYER, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account at Baptist Credit Union as listed below, to credit and/or debit the same to such account.

I authorize the EMPLOYER to deposit, each pay day, \$ _____ (state amount or indicate ALL)

Into: Baptist Credit Union
5815 IH 10 West, San Antonio, TX 78201-2800
PH:(210) 525-0100 FAX: (210) 525-0383

ROUTING NUMBER: 314092717 Account Number: _____

This authority is to remain in full force and effect until the EMPLOYER has received written notification from me of its termination in such time and in such a manner as to afford the EMPLOYER and Baptist Credit Union a reasonable opportunity to act on the notification.

Name Printed: _____

Signed: _____ SSN: _____ Date: _____