

## Direct Deposit Authorization Form

Complete this form and provide to your Human Resources department as authorization and verification of account to set up Direct Deposit.

### Payee

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

### Financial Institution

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

Amount:     \$ \_\_\_\_\_     \_\_\_\_\_%    or     Entire Paycheck

Type of Account:     Checking     Savings    (Check One)

### TO BE COMPLETED BY FINANCIAL INSTITUTION

<p style="text-align: center;"><b>Lafayette Federal Credit Union</b>  <b>2701 Tower Oaks Blvd., Rockville, MD 20852</b></p>	<p style="text-align: center;"><b>Routing Number 254074811</b></p>
<p><b>Financial Institution Certification</b></p> <p>I confirm the identity of the above-named payee(s) and the account number and title.          As representative of the above named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above.</p>	
REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE
TELEPHONE NUMBER	DATE