



225 S River Street  
Plains, PA 18705

t: 570.826.8244 / f: 570.825.4950

# DIRECT DEPOSIT AUTHORIZATION FORM

## Member Information:

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Savings Account Number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

Deposit:  Entire Paycheck       % of Paycheck \_\_\_\_\_       \$Amount \_\_\_\_\_

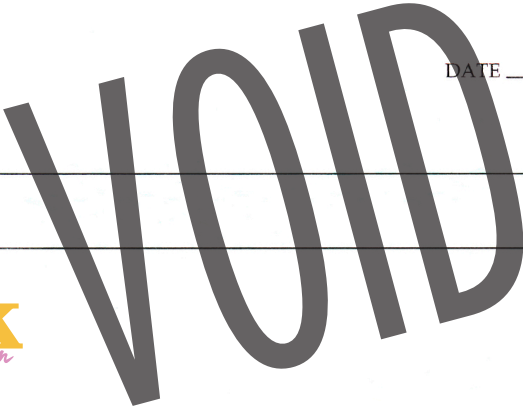



*Citymark FCU ABA# 231386894*

## Authorization

To Employer/Payor Name: \_\_\_\_\_

I authorize the above Employer/Payor to initiate credit entries and, if necessary, to initiate any debit entries and adjustments to correct any erroneous credit entries for Direct Deposit of above payroll/other amount to my above account at Citymark Federal Credit Union, on a recurring basis until I notify you in writing that I revoke this authorization.

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

		DATE _____
		PAY TO THE ORDER OF _____ \$ _____ _____ DOLLARS  <small>Security Features Included. Details on Back.</small>
		
MEMO _____		
		

routing/ABA number

checking account number