

To sign up for direct deposit, please fill in the information requested below. Then take this form to your employer or other source of recurring deposits (e.g., government benefits, social security or pension payments, etc.)

Section 1 - Personal Information

| | | |
|---|------|--------|
| Name: First | Last | Suffix |
| I hereby authorize the company/organization named below to initiate direct deposit to the account indicated | | |
| Company/organization name: | | |

Section 2 - Account Information

| | | |
|--|----------------|--|
| Financial Institution Trumark Credit Union | | Routing & Transit No 236084243 |
| Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings (membership account) | Account Number | Amount of Deposit <input type="checkbox"/> Net pay <input type="checkbox"/> Other \$_____ |
| Signature ▶ | | Date (Month/Day/Year) |

OR

I hereby authorize Trumark Credit Union to forward this authorization directly to my employer via fax or email to switch my direct deposit.

| | |
|----------------|-----------------------|
| Signature ▶ | Date (Month/Day/Year) |
|----------------|-----------------------|

This authorization is to remain in effect until the payment office has received written notification from me to terminate the direct deposit.