



Direct Deposit Agreement Form -Please print and bring to your employer

Authorization Agreement

I hereby authorize depositor to initiate automatic deposits to my account at the financial institution named below. I also authorize the depositor to make withdrawals from this account if a credit entry is made in error.

Further, I agree not to hold the depositor responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until the depositor receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: Worcester Credit Union

Routing Number: 211387143

Account Number: _____ Checking | Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Please attach a voided check or deposit slip and return this form to the Payroll Department.