

# Jackson Area Federal Credit Union

*Serving the Jackson area and beyond...*

## Direct Deposit Authorization

**Employer Name:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_

**Employer Phone #:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

### Credit Union Information:

**Name:** Jackson Area Federal Credit Union

**Address:** P. O. Box 1403 Jackson, Mississippi 39215-1403

**Phone No.:** (601) 922-7055 **Transit-ABA No.:** 265377073

**Type of Account:** (Choose One) **Checking** **Savings**

**Account No.:** \_\_\_\_\_

**Fixed Dollar Amount to be Deposited \$** \_\_\_\_\_

### Remainder of Check (Choose One):

**Paper Check** **Checking** **Savings**

**Bank Name:** \_\_\_\_\_

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

**Phone No.** \_\_\_\_\_

**Account No.** \_\_\_\_\_

**Transit-ABA No.** \_\_\_\_\_

### Authorization

I hereby authorize the net amount indicated above to be paid by credit to my account(s) with the financial institution(s) listed above and will continue until cancelled by me in writing.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Credit Union Rep:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_