

# DIRECT DEPOSIT AUTHORIZATION

Use this form to request direct deposit of your payroll or other recurring deposits.



## Directions

1. Fill out the following authorization completely.
2. Print and sign your application.
3. Give this form to your employer's Human Resources or Payroll department.

## Account Holder Information

Member Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Financial Institution Information

Financial Institution **Columbus Metro FCU**

Financial Institution Routing Number **244077226**

Metro Account Number \_\_\_\_\_

## Account Type (check only one)

- Checking  
 Savings

## Authorization Agreement

I hereby authorize my employer to initiate direct deposit of my payroll to the account designated above. I further authorize my employer to initiate, if necessary, debit entries and adjustments to any credits made in error to my account. This authorization is to remain in effect unless my employer receives written notification from me of its termination. I understand that any such termination must be made in such timely manner as to afford my employer and my financial institution reasonable time to act.

Date \_\_\_\_\_

Member Signature \_\_\_\_\_

**Mailing Address**  
Columbus Metro FCU  
P.O. Box 13240  
Columbus, OH 43213

**Contact Us**  
By Phone 614.239.0210 or 800.986.3876  
By Fax 614.239.0988  
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