



PAYROLL DEPARTMENT DIRECT DEPOSIT AUTHORIZATION FORM

Y[^ Á æ Á ^ Á @ Á ! { Á Á æ Á ! & @ ^ * Á Ö á ^ & Ö ^ [• á Á ç Á [^ ! Ö æ Ö á ^ Á æ & [^ } ç Á
C e ^ Á & [] | ^ ç * É | á á @ Á ! { Á á á á ^ Á á c n c i f ' Y a d ' c m Y f j d U n i c ~ ~ X Y d U f a Y b h U b X ' U
W d m i c ' 6 U n i 7] H Y g ' Y [^ ! Ö á ^ & Ö ^ [• á Á ç Á ^ Á æ ç æ á Á á @ Á É Á ^ ^ • É Ç | Á @ Á ^ ! [• ^ Á
[Á @ Á ! { É [^ ! Ö á ^ } á ^ { à ^ ! Á Á [^ ! Á] & á Á ^ & í ç Á ^ { à ^ ! É U ' c i f ' W d m i c '
f) % \$ L ' \$ \$! * ((& ç f ' a U] ' h c ' . 6 U n i 7] H Y g ' 7 f Y X] h i l b] c b Z D C ' 6 c l ' ' \$ Z < U n k U F X ' 7 5 ' - () (' "

Please initiate Direct Deposit for:

My Entire Check or \$ _____ per pay period

Please change Direct Deposit to:

My Entire Check or \$ _____ per pay period

START DATE _____

PAY PERIOD Weekly Bi-Weekly Monthly Semi-Monthly

to: Bay Cities Credit Union
22777 Main Street
Hayward, CA 94541
ROUTING NUMBER **321172866**

NAME _____

ACCOUNT NUMBER _____

Effective with the Start Date above, I authorize a total deduction in the amount stated above each pay day. It is understood and agreed that my employer assumes no responsibility or obligation hereby except to send the amount deducted to Bay Cities Credit Union in accordance with this authorization.

SIGNATURE _____

DATE _____

By signing this form, I hereby agree to indemnify Bay Cities Credit Union for payroll discrepancies. Payroll deduction is a voluntary service provided by the Credit Union at my request, and I understand that it is my responsibility to ensure that my direct deposit or payroll deduction is deposited correctly.