



Employee Name (Last Name, First Name, Middle Name)

() - _____

Contact Phone Number

Account # 1 Account Type Checking Savings Money Market

Bank Name: LATINO COMMUNITY CREDIT UNION

Bank Address: _____ City, State, Zip: _____

Routing # (9 digits) 053185503 Account # _____

Requested amount for htis account: (select one)

% of Net Pay: _____ Specific Amount \$ _____ Entire Balance

Account # 2 Account Type Checking Savings Money Market

Bank Name: _____

Bank Address: _____ City, State, Zip: _____

Routing # (9 digits) _____ Account # _____

Requested amount for htis account: (select one)

% of Net Pay: _____ Specific Amount \$ _____ Entire Balance

Account # 3 Account Type Checking Savings Money Market

Bank Name: _____

Bank Address: _____ City, State, Zip: _____

Routing # (9 digits) _____ Account # _____

Requested amount for htis account: (select one)

% of Net Pay: _____ Specific Amount \$ _____ Entire Balance

Authorization Agreement: I hereby authorize to deposit my paycheck each payday directly into the account(s) named above. This authority will remain in force until I have given written notice that I am terminating it, or until my employer has notified me that this deposit service has been discontinued. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If an incorrect deposit should be made into my account(s), I authorize my bank(s) and my employer to make the appropriate adjustment(s).

Employee Signature: _____

Date: _____

Account Holder Signature: _____

Date: _____

(If other than employee)