



*all about you™*

## Employee Direct Deposit or Allocation Authorization Form

Print clearly and complete all sections. An additional form may be required by your employer.

Member/Employee Name: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

I authorize my employer:

- start my direct deposit (total paycheck per pay period)
- stop direct deposit
- start my payroll deduction in the amount of \$ \_\_\_\_\_ per pay period
- stop payroll deduction
- change my payroll deductions to \$ \_\_\_\_\_ per pay period

ACCOUNT NUMBER FORMAT MUST BE 10 DIGITS: \_\_\_\_\_

I authorize my employer to automatically deposit any funds owed to me to my account(s) named below. I understand that this agreement may be terminated by me at any time in writing. I authorize my employer to debit my account for the purpose of correcting an erroneous credit previously deposited to my account.

Signature of Member/Employee: \_\_\_\_\_

Pay Day Effective: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Deposit Funds to Account Number:      SAVINGS      CHECKING

Financial Institution Information for ACH Direct Deposit: Contact Information: 800.231.6053 AMOCO Federal Credit Union AMOCO Federal Credit Union Texas City, TX P.O. Box 889 Bank Transit/ABA Number 313189391 Texas City, TX 77592 - 0889