



## DIRECT DEPOSIT FORM

### Authorization Agreement for Direct Deposits (ACH Credits)

I hereby authorize: \_\_\_\_\_, hereinafter called **COMPANY**, to initiate credit entries and to initiate debit entries and adjustments for any credit entries made in error to my account to:

My \_\_\_ Checking \_\_\_ Savings account (select one) indicated below at the depository financial institution named below, hereinafter called **DEPOSITORY**, and to credit the same to such account.

**Depository Name:**  
EVERYONE'S FCU

**Address:**  
505 E. Route 66 Blvd. Tucumcari, NM 88401

**City:** TUCUMCARI

**State:** NEW MEXICO

**Zip:** 88401

**Routing Number:**  
312276454

**Account Number:** \_\_\_\_\_

This authorization is to remain in full force and effect until **COMPANY** has received written notification from me of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

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

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Note:** All written credit authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.