



New

Revised

EMPLOYER DIRECT DEPOSIT AUTHORIZATION FORM

Complete this form, sign it, and submit it to your employer (or to whomever will be making payments to you) to start using Direct Deposit, or change an existing Direct Deposit arrangement. Please make sure that all of your personal information is correct. Please don't forget to sign! If your employer requires the information to be on the company form please use this form as a guide to completing any additional forms. You may verify your deposit through our 24-hour telephone banking system at 860-722-8110 or through Online Banking at www.cencap.com.

Employee Information

Name:

Employer:

Home Address:

Address:

City:

State:

Zip Code:

City

State:

Zip Code:

Phone Number:

Phone Number:

HMEFCU Account Information

Account Number: 0000000000 (10-digits for checking)

Routing Number: 211977333

Frequency: Weekly Bi-Weekly Monthly

Account Type: Checking Savings

I wish to deposit \$. or Entire Amount

Account Type: Checking Savings

I wish to deposit \$. or Entire Amount

Direct Deposit of the designated funds shall continue until:

- I leave my employment
- I change authorization by written notice to my employer, or
- Cancellation of authorization by written notice to my employer.

The request to deposit the designated funds indicated above will be credited to the one account type as per your authorization. Once funds have posted to your Cencap Federal Credit Union account, you may authorize additional distribution of those funds by any ONE of the convenient methods indicated below:

Via Online Banking: Click on the Schedule a Transfer link in the Scheduled Transfers column.

OR

A Member Service Representative at one of our local branches can complete the form at your request. I authorize the above Employer to initiate credit entries and, if necessary, to initiate any debit entries and adjustments to correct any erroneous credit entries for Direct Deposit or above payroll/other amount to my above account at Cencap Federal Credit Union on a recurring basis until I notify you in writing that I revoke this authorization.

(Member Signature)

(Date)

(CENCAP FCU)

(Date)