



40 E Market Street  
Wilkes-Barre, PA 18711  
t: 570.826.8244 / f: 570.825.4950

# direct deposit authorization form

Member Information:

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Savings Account Number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

Deposit:  Entire Paycheck       % of Paycheck \_\_\_\_\_       \$Amount \_\_\_\_\_

## Citymark FCU ABA 231386894

Authorization

To Employer/Payor Name: \_\_\_\_\_

I authorize the above Employer/Payor to initiate credit entries and, if necessary, to initiate any debit entries and adjustments to correct any erroneous credit entries for Direct Deposit of above payroll/other amount to my above account at Citymark Federal Credit Union, on a recurring basis until I notify you in writing that I revoke this authorization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS  Security Features Included. Details on Back.



MEMO \_\_\_\_\_

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routing/ABA number      checking account number