



# Centex Citizens Credit Union

## Direct Deposit Authorization Agreement

EMPLOYEE INFORMATION		
Employee Name	Social Security Number	Daytime Phone Number
DIRECT DEPOSIT AGREEMENT		
<p>I hereby authorize _____ to initiate automatic deposits to my account at the financial institution named below. In addition, I authorize withdrawals from this account in the event a credit entry is made in error.</p> <p>I agree not to hold the company named above responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.</p> <p>This agreement will remain in effect until the company above receives written notice of cancellation from me or my financial institution, or I submit a new direct deposit form to the Payroll Department.</p>		
FINANCIAL INSTITUTION INFORMATION		
Financial Institution	Routing Number	Financial Institution Phone Number
Centex Citizens Credit Union P.O. Box 1252 Mexia, Texas 76667	311986376	254-562-9296 Mexia 972-872-6820 Ennis 903-872-8347 Corsicana
ACCOUNT INFORMATION AND AUTHORIZATION		
<p>Checking Account # _____</p> <p>Savings Account # _____</p> <p>Select one: <input type="checkbox"/> New Deduction    <input type="checkbox"/> Increase Deduction    <input type="checkbox"/> Decrease Deduction</p> <p>I hereby authorize the specified company to send my: <input type="checkbox"/> Payroll Check    <input type="checkbox"/> Dollar amount \$ _____</p>		
By signing below, I acknowledge, consent, and agree to the terms and conditions outlined in this Agreement.		
Authorized Signer Name	Authorized Signer Signature	Date