



Direct Deposit Form

In Four Easy Steps

1. Select checking, savings or both.
2. Provide your Employer information
3. Provide your name and SSN
4. Attach a voided check.

RETURN COMPLETED FORM TO YOUR HUMAN RESOURCES DEPARTMENT.

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Authorization Code: New Change Cancel

I authorize you and AOD Federal Credit Union to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

Checking Account # \$

Savings Account # \$

each pay period. This authority will remain in effect until I have cancelled it in writing.

Financial Institution Information	Account Holder Information
Financial Institution: AOD Federal Credit Union	3
Address: 334 Victory Drive	
City, State, Zip: Bynum, AL 36253	Name (Please print):
Employer Name:	SS#:
Address:	Signature:
City, State, Zip:	Date:

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⑆ 262286170 ⑆

TRANSIT ROUTING NUMBER (ABA)

STAPLE VOIDED CHECK HERE.

