



4801 Kennedy Ave
Cincinnati, OH 45209
513-333-3800

Authorization Agreement for Payroll Deposit

_____ Please select only one:
ACCOUNT NUMBER Saving
| Checking
\$ _____ or Total Check
AMOUNT OF DEPOSIT

I authorize my employer, _____
to make the following deposit to my account at Cinfed Federal Credit Union each pay period.

Employee Information

This authority shall remain in full force and effect until MY EMPLOYER has received written notification from me of its termination in such time and in such manner as to afford MY EMPLOYER and financial institution a reasonable opportunity to act upon it.

_____	_____
NAME	SOCIAL SECURITY NUMBER
_____	_____
EMPLOYEE PAYROLL NUMBER	EFFECTIVE DATE FOR DIRECT DEPOSIT
_____	_____
SIGNATURE	DATE SIGNED

Certification of Financial Institution

Routing/Transit Number: 2 4 2 0 7 6 6 5 6

I certify the above routing/transit number, and account number are valid and accurate.

_____	_____
CINFED EMPLOYEE SIGNATURE	DATE SIGNED

	PHONE NUMBER