



A Stable Financial Institution in your Community Since 1955

DIRECT DEPOSIT/PRE-AUTHORIZED DEBITS AUTHORIZATION FORM

Please use the following information to process pre-authorized/automatic deposits or debits to be made through the Automated Clearing House (ACH):

Member/Employee:

Name: _____

Address: _____

City, State, Zip: _____

Employer:

Company Name: _____

Address: _____

City, State, Zip: _____

Direct Deposit Details:

Account# _____

Savings/Checking: [] Savings [] Checking

Routing/ABA# **2719-8428-5**

I hereby authorize my employer (identified above) to initiate credit entries (and if necessary, to initiate debit entries or adjustments for any errors) to my account and Leyden Credit Union to credit and/or debit the same to such account.

Employee Signature

Date