



Employee Authorization for Automatic Payroll Deposit

Please complete this form, print it, and then give it to your Payroll/Personnel Manager.

For additional information, please call KeyPoint Credit Union toll free at (888)255-3637 or (408)731-4100.

First Name: _____ Last Name: _____

Social Security Number: _____ - _____ - _____

I hereby authorize:

Employer: _____

Company Address: _____

To: Start Change Automatic Payroll Deposit

Effective: Immediately, or Effective Date: ____ - ____ - ____ (MM - DD - YYYY)

I further authorize KeyPoint Credit Union:

To credit my **Checking** Account #: _____ KEYPOINT CU Routing # 321180515

Entire Paycheck Partial Paycheck Amount: \$ _____

I further authorize KeyPoint Credit Union:

To credit my **Savings** Account #: _____ KEYPOINT CU Routing # 321180515

Entire Paycheck Partial Paycheck Amount: \$ _____

This authorization is to remain in effect until you receive written notification from me of its termination.

Signature: _____ Date: _____

To the Payroll Department:

Please process this automatic payroll deposit request as quickly as possible. Your cooperation is appreciated in arranging this service for our member and your employee.

***Note:** Your first Direct Deposit will occur within one to two months after you submit your Direct Deposit Request Form, depending on your company's processing schedule. You will then receive a pay stub from your company (instead of a check), informing you that your deposit was made.