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*Direct Deposit Authorization Form*

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Submit this form to your employer or any company or organization that you want to automatically deposit funds into your checking or savings account. \* Employer may require you to complete their own Direct Deposit form and/or include a voided check for the account funds will be deposited in.

**MEMBER INFORMATION:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer Name \_\_\_\_\_

**FINANCIAL INSTITUTION INFORMATION:**

Your Legacy Federal Credit Union

25 Shaffer Park Dr.

Tiffin, Ohio 44883

Routing/Transit Number: **241281772**

Effective/Start Date: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Savings Account Number: \_\_\_\_\_ Amount \$ \_\_\_\_\_

I hereby authorize and request the employer named above to deposit the amounts indicated to Your Legacy Federal Credit Union for each payroll period beginning on the effective/start date indicated above and until further notice from me. If this is a change in a previous Authorization, I instruct my employer to cancel my previous Authorization and to follow this Authorization.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_