



Direct Deposit Authorization Form

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** _____