



## Authorization Agreement for Automatic Deposit

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I hereby authorize \_\_\_\_\_ (employer) to initiate credits to my account indicated below and authorize Tulare County Federal Credit Union to credit my account.

Employee's Name: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Check One:      ☐ Checking  
                      ☐ Savings

Financial Institution:      Tulare County Federal Credit Union  
Routing Number:            321178158

This authority is to remain in force and effect until Tulare County Federal Credit Union has received a written notification from me of its termination and Tulare County Federal Credit Union has had a reasonable opportunity to act on it or until Tulare County Federal Credit Union's termination of this agreement.

Employee's signature: \_\_\_\_\_

Date: \_\_\_\_\_