

DIRECT DEPOSIT AUTHORIZATION

PLEASE SUBMIT TO YOUR EMPLOYER

TO _____
Employer/Company Name

FROM _____
Employee's Name

Employee's Address

Employee's contact information (phone number, email address, employee number, department)

I hereby authorize the Direct Deposit of my net pay or payroll deduction by my employer in the account and financial institution indicated below.

Please accept this form as authorization to: _____ Start _____ Change _____ Stop
the Direct Deposit of my: _____ Net Paycheck or _____ \$ _____ Per Paycheck
into the following account(s) :

Financial Institution: iTHINK Financial Credit Union
P. O. Box 5090, Boca Raton, FL 33431-0890
800.873.5100 or serviceplus@ithinkfi.org

Routing & Transit (ABA) 267077627

Savings Account* (32) _____ \$ _____

Checking Account** (22) _____ \$ _____

Money Market Account** (22) _____ \$ _____

Health Savings Account** (22) \$ _____

* Deposits to Savings will always be posted into your primary Membership savings.
** Please find your complete account number (Check ID/MICR) in Online Banking under each "Account Details" or at the bottom of your checks.

Please make this request or change effective immediately.

Employee's Signature

Date