

# 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*