


To sign up for direct deposit, please fill in the information requested below. Then take this form to your employer or other source of recurring deposits (e.g., government benefits, Social Security or pension payments, etc.)

Section 1 - Personal Information

Name: First	Last	Suffix
I hereby authorize the company/organization named below to initiate direct deposit to the account indicated		
Company/organization name:		

Section 2 - Account Information

Financial Institution TruMark Financial Credit Union		Routing & Transit No 236084243	
Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings (membership account)	Account Number	Amount of Deposit <input type="checkbox"/> Net pay <input type="checkbox"/> Other \$ _____	

Signature 	Date (Month. Day. Year)
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OR

I hereby authorize TruMark Financial to forward this authorization directly to my employer via fax or email to switch my direct deposit.

Signature 	Date (Month. Day. Year)
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This authorization is to remain in effect until the payment office has received written notification from me to terminate the direct deposit.