

## DIRECT DEPOSIT AUTHORIZATION FOR AUTOMATIC PAYROLL DEPOSITS

I authorize \_\_\_\_\_ and the US financial institution listed below to initiate electronic entries for payroll to the authorized account. I understand this is in lieu of receiving a payroll check, and that a pay statement will be delivered to my home address. This authority will remain in effect until I give \_\_\_\_\_ written notice of cancellation with reasonable time to act on it, or \_\_\_\_\_ or the financial institution has sent me ten (10) days written notice of termination.

Check only ONE in each category:

**NEW**  
 Checking  
 Checking

**CHANGE**  
 Savings  
 Savings

Unity One CU  
Financial Institution Name

\_\_\_\_\_  
Name (Please Print)

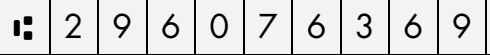

Fort Worth TX  
City State

\_\_\_\_\_  
SSN

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

\_\_\_\_\_  
Signature Date

**FOR COMPANY USE – LEAVE BLANK**

Transit Routing Number	Account Number Information
	

### UNITY ONE CU ACH DISTRIBUTION

Name \_\_\_\_\_ Date \_\_\_\_\_

Account # \_\_\_\_\_ SS# \_\_\_\_\_

Distribution within same Account #:

Funds Transfer into another Account #:

Account Type	Amount
Savings _____	_____
Checking _____	_____
Loan _____	_____
_____	_____
_____	_____
_____	_____

Account Number	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature \_\_\_\_\_