
Direct Deposit Authorization Form

I hereby authorize _____ (The Company) to originate credit entries to my checking/savings accounts at the financial institution listed below, and, if necessary, originate adjustments for any transactions credited in error. This authority will remain in effect until the Company has received written notification from me of its termination in such time and in such manner as to afford the Employer/Company and the financial institution a reasonable opportunity to act on it.

Visions Federal Credit Union

Financial Insitution Name

24 McKinley Ave	Endicott	NY	13760
Financial Insitution Address	City	State	Zip

Account Type Checking Savings

Account Number _____

Routing Number 221375378

Deposit Amount _____ % **OR** \$ _____ (Flat Amount)

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Name (Print)

Address	City	State	Zip
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Signature (Required)	Date	() Telephone Number
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