

Direct Deposit Authorization

Including

- Authorization
- Cancellation

Complete and return to your employer

Full Name _____

Employee ID # (where applicable) _____

Social Security Number: _____

Depository Name

Animas Credit Union

2101 E. 20th St.

Farmington, NM 87401

Routing Number: **302284058**

Account Number: _____

Checking Savings

Check the appropriate item:

Full Amount of Check

The undersigned hereby requests and authorizes the entire amount of my paycheck each pay period to be deposited directly into the account named above.

Partial Amount of Check

The undersigned hereby requests and authorizes the sum of

\$ _____

be deducted from my paycheck each pay period and to be deposited directly into the account named above.

Please Cancel Direct Deposit

The undersigned hereby cancels the authorization for direct deposit previously submitted.

Printed Name _____

Signature _____

Date _____

