

Authorization Agreement for Quincy Credit Union Direct Deposit

Please review and complete the following information. Return this form to your employer's human resources office.

Direct Deposit Aut	horization			
Name			SSN	
Address				
City			State Zip	
Company Name				
Company Address				
Company City			State Zip	
Direct Deposit Inst	ruction			
Account Number:		Quincy Credit Union F	Routing Number: 211385297	
Account Type:	Checking	Savings		
Amount:	Entire Check	Deduction \$	(enter deduction amount)	
Employee Signa I hereby authorize:	ture			
checking c	or savings account at C edit Union to credit ar	uincy Credit Union. d/or debit entries to my account(s).	correct any credit entries made in error, to my itten notice of change or cancellation.	
Signature:	Date:			
If you or your emplo Member Service De		or concerns regarding your direct d	leposit to Quincy Credit Union, please contact o	our

Quincy Credit Union 100 Quincy Ave. Quincy, MA 02169 617-479-5558 www.qcu.org