



First Florida Credit Union
PO Box 43310
Jacksonville, FL 32203-3310
(800) 766-4328

**DIRECT DEPOSIT and PAYROLL
DEDUCTION AUTHORIZATION**

EMPLOYEE/MEMBER INFORMATION				
LAST NAME		FIRST	MIDDLE	
HOME ADDRESS (must be a street address; P.O. Boxes are not acceptable)		APT/UNIT #	CITY	STATE ZIP
EMPLOYER'S NAME AND ADDRESS:				
EMPLOYEE ID NO.	HOME PHONE NUMBER	WORK PHONE NUMBER	SOCIAL SECURITY #	DATE OF BIRTH

☐ **DIRECT DEPOSIT AUTHORIZATION**

Member: Complete this section if you would like your entire paycheck deposited in the Credit Union. Please sign at the bottom and attach a savings account deposit slip or a voided check. Then submit this form to your employer.

Dear Employer: Please deposit my entire Paycheck directly into my Credit Union account as follows (*check applicable box*):

☐ Checking Account No. _____ ☐ Savings Account No. _____

My Credit Union's information is as follows:

First Florida Credit Union

P.O. Box 43310

Jacksonville, FL 32203-3310

Routing/Transit Number: 263079014 FFCU Account # _____

☐ **PAYROLL DEDUCTION/DISTRIBUTION AUTHORIZATION**

Member: Check with your employer to see if they will accept this form. Complete this section if you would like only a portion of your paycheck deposited in the Credit Union. Please sign at the bottom and attach a savings account deposit slip or a voided check when submitting this form to your employer.

Dear Employer: Please distribute my paycheck to my Credit Union account(s) as indicated below:

\$ _____ to Credit Union Savings Account No. _____

\$ _____ to Credit Union Savings Account No. _____

\$ _____ to Credit Union Checking Account No. _____

\$ _____ to Credit Union Checking Account No. _____

\$ _____ to Credit Union Loan Account No. _____

\$ _____ to Credit Union Loan Account No. _____

My Credit Union's information is as follows:

First Florida Credit Union

P.O. Box 43310

Jacksonville, FL 32203-3310

Routing/Transit Number: 263079014 FFCU Account # _____

EMPLOYEE/MEMBER SIGNATURE

By signing below, I authorize and instruct my employer to take the actions indicated above with regard to my paycheck each pay period and to remit said sums directly to the Credit Union. I understand that this Authorization will remain in effect until I cancel it or provide different instructions in writing to my employer. I also understand that I am responsible for changing my distribution from a loan account to a savings account when my loan is paid off. I acknowledge receipt of the Credit Union's Electronic Funds Transfer Act (Reg E) Disclosures.

EMPLOYEE/MEMBER'S SIGNATURE

DATE

X