## **Direct Deposit Authorization Form**

## **DIRECT DEPOSIT AUTHORIZATION AGREEMENT**

I hereby authorize the direct deposit of my net pay or payroll deduction by my employer in the account and financial institution indicated below. I understand that such deposit will be made each succeeding payday, unless I choose to terminate this authorization in writing to my employer. I also understand that notification to terminate or make changes to the directives below requires that a new Direct Deposit Authorization form be completed and submitted to my employer and that the last fully completed form will stay in effect until another is received.

Further, I agree not to hold my employer responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

In the event that funds are erroneously deposited into my account, I further authorize my employer to debit my account for an amount not to exceed the original amount of the credit, with the understanding that all debits will be made before the assigned pay-date.						
Empl	loyee Signatur	e: Date	e:			
DIRECT DEPOSIT ACTION REQUESTED (check only one)						
	Check <b>Start</b> if	you don't have direct deposit and wish to.				
	Check <b>Change</b> if you have direct deposit and wish to change from your financial institution to BrightStar CU or just wish to change your account number or account type (Checking or Savings).					
		ACCOUNT INFORMATION				
Employee Name						
Name of Financial Institution: BrightStar Credit Union			Transit Number: 267078299			
	Account Type (check one)  Account Number (Enter below)					
	Checking		□Net Pay <b>or</b>			
□Savings			Specific Amount \$ Per Pay Period			
Employee Information  Employer and Location Location Number Employee Number Phone Number						
Employer and Loc		Location Number Employee Num	i ione number			

ROBERT A. WILLIAMS MARRY J. WILLIAMS 101 PAPIK PLACE YOURTOWN, USA 12345	Date0151
Pay to the Order of	\$
Bright Star PO. Box 8646 Pt. Lauderdee, Pt. 20116-0008 Mcmo	
267078299 000000	0000# 0151
<b>\</b>	4

For Payroll Use Only				
Date	Date			
Received	Processed	Processor		