

Direct Deposit Authorization Form

Pathways Financial Credit Union ABA Routing Number: **244077093**

Member/Employee Name: _____

Member/Employee Account Number: _____

Checking Account Savings Account

Amount to be Deposited: (check one)

Net Pay Designated Amount \$ _____

New Change

I understand that this authorization replaces any previous authorization and will remain in full force and effect until my employer has received written notification from me of its termination in such time and in such manner as to afford my employer and Pathways Financial Credit Union a reasonable opportunity to act on it.

Signature

Date