

# 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 \_\_\_\_\_

