



Authorization Agreement for One Source Federal Credit Union Direct Deposit

Return this form to your employer's human resources office.

Direct Deposit Authorization:

Name: One Source FCU
 Social Security No: Account No:
 Address:
 City: State: Zip:
 Company Name:
 Company Address:
 Company City: State: Zip:

Deposit instructions:

If you'd like to distribute your paycheck to more than one account, please send a copy of this form to One Source Federal Credit Union.

Savings \$ Loan \$ Other \$
 Checking \$ Loan \$ Other \$

One Source Federal Credit Union
8870 Gazelle Dr.
El Paso , TX 79925
Transit/ABA# 312080970

I hereby authorize:

- Above listed entity to initiate deposit of my funds to my One Source Federal Credit Union checking or savings account.
- One Source Federal Credit Union to credit entries to my account(s).
- This authorization to remain in full force and effect until I send a written notice of change or cancellation.

Signature: _____ Date: _____

NOTE: FOR VERIFICATION PURPOSES
ATTACH A VOIDED ONE SOURCE FEDERAL CREDIT UNION CHECK IN THIS AREA FOR
YOUR EMPLOYER'S HUMAN RESOURCES DEPARTMENT