

## Direct Deposit Authorization Form

Date: \_\_\_\_\_

To: \_\_\_\_\_

Employer Name & Organization

Street Address

City

State

Zip

From: \_\_\_\_\_

Account Holder

Account Holder

Account Holder

Street Address

City, State, Zip Code

Home Phone

Please send my automatic direct deposit to account:

Financial Institution: BECU Routing #: **325081403** Account #: \_\_\_\_\_

I hereby authorize the employer/organization above to initiate deposit of my funds to my BECU account. This authorization will remain effective until I provide written notice of change or cancellation to the originating organization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date