

## DIRECT DEPOSIT AUTHORIZATION FORM

Use this form to **establish**, **change**, **or cancel** a Direct Deposit Account to FiCare. An authorization must be canceled *through your Human Resource Department* to become valid. Direct Deposit generally should start with the second paycheck after your Human Resource Department receives this application.

## To set up direct deposit, you must:

- Have an account currently established with FiCare
- If applicable, furnish your employer with a copy of a voided share draft (check) or deposit slip

		Direct Deposit	
Please check the ap	propriate space	e:	
Nev	N	Change	Cancel
<b>Institution Name</b> FiCare Federal Credit Union 3001 W Dr MLK Jr Blvd Tampa, FL 33607 813-600-5920		<b>Transit &amp; ABA #</b> 263182969	
Member Credit Un	ion Account #:		
Account Type:	Savings	Checking	
Credit Union Repre	esentative Signa	ature & Title:	

*I authorize my employer* to initiate credit entries for payroll and, if necessary, debit entries for adjustment for any credit entries made in error to my account(s) at FiCare. This authority is to remain in force and effect until my employer has received written notification from me of its termination in such time and manner as to afford my employer and FiCare a reasonable opportunity to act on it.

Employee Name:	Social Security #:	Social Security #:	
Employee Signature:	Date:		