

Direct Deposit Instructions

Date _____ Employee Number _____

Employee Name _____

Employer _____

Employer Address _____

New Financial Institution: **Travis County Credit Union**
P.O. Box 6190, Austin, TX 78762-6190

New Financial Institution Routing Number: **314977382**

New Financial Institution Account Number: _____

Payroll Number _____ Effective Date _____

Checking Acct# _____ Amnt: \$ _____

Savings Acct# _____ Amnt: \$ _____

I hereby authorize and request the employer named above to deposit the amounts indicated to Travis County Credit Union for each payroll period beginning on the effective date indicated above and until further notice from me. If this is a change in a previous Authorization, I instruct my employer to cancel my previous Authorization and to follow this Authorization.

Signature _____ Date _____

Please note that your employer may require the use of their prescribed form and or a voided check.