



7901 Sandy Spring Road  
 Laurel, MD 20707-3589  
 towerfcu.org

## Direct Deposit Authorization Form

Name: First	MI	Last	Suffix
Current Home Address: Street	City	State	Zip Code

I hereby authorize the company named below to initiate direct deposits to the account indicated.

Company Name:
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**Account Information: Complete the information below for your direct deposit. Forward your form to your employer or other source of direct deposit.**

Account No. 1 <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market	Account No. <i>(See below)</i>	Amount of Deposit <input type="checkbox"/> Net Pay <input type="checkbox"/> Other    \$ _____
Account No. 2 <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market	Account No. <i>(See below)</i>	Amount of Deposit <input type="checkbox"/> Net Pay <input type="checkbox"/> Other    \$ _____
Account No. 3 <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market	Account No. <i>(See below)</i>	Amount of Deposit <input type="checkbox"/> Net Pay <input type="checkbox"/> Other    \$ _____
Account No. 4 <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market	Account No. <i>(See below)</i>	Amount of Deposit <input type="checkbox"/> Net Pay <input type="checkbox"/> Other    \$ _____

For direct deposit into a Tower checking, savings or money market account, list your account number. Your account number can be found on your monthly member statement and in digital banking, by going to Account History and viewing account details.

Name and Address of Financial Institution Tower Federal Credit Union P.O. Box 123 Annapolis Junction, Maryland 20701	ABA/Routing Number 255077370
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If monies to which I am not entitled are deposited to my account, I authorize my Company/Employer to direct the financial institution to return said funds. This authority will remain in effect until I have filed a new authorization, or until revoked by me in writing, or upon termination of my employment with said Company.

Signature	Date
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