



FIRST FINANCIAL CREDIT UNION DIRECT DEPOSIT FORM

NEW AUTHORIZATION

CHANGE EXISTING AUTHORIZATION

First Name _____ Last Name _____

Employer _____ Social Security Number _____

Home Phone _____ Work Phone _____

Routing Number 271989112 Account Number _____

(Please include 3-digit sub-account suffix)

Effective Date _____ Account Type Savings

Checking

I hereby authorize my employer to directly deposit my entire pay each payroll period until further notice in my First Financial Credit Union Account.

I hereby authorize my employer to deduct \$_____ from my pay each payroll period until further notice, and deposit it in my First Financial Credit Union account.

I hereby authorize my employer to cancel my direct deposit to my First Financial account.

X _____
Signature

Date

Please turn this signed authorization form into your employer.