



Tulare County Federal Credit Union

Authorization Agreement for Automatic Deposit

I hereby authorize _____(employer) to initiate credits to my account indicated below and authorize Tulare County Federal Credit Union to credit my account.

Employee's Name: _____

Employer's name: _____

Social Security Number: _____

Account Number: _____

Check One: Checking
 Savings

Financial Institution: *TULARE COUNTY FEDERAL CREDIT UNION*
Routing Number: 321178158

This authority is to remain in force and effect until Tulare County Federal Credit Union has received written notification from me of its termination and Tulare County Federal Credit Union has had a reasonable opportunity to act on it or until Tulare County Federal Credit Union's termination of this agreement.

Employee's Signature: _____

Date: _____

Member accounts are insured to \$250,000 by the National Credit Union Administration, an agency of the Federal government
Equal housing lender. Equal opportunity lender.