



**Allied Federal Credit Union**

200 SE Green Oaks Boulevard • Arlington, Texas 76018  
(817) 856-4444  
www.alliedfcu.org

**Direct Deposit Agreement Form**

**Authorization Agreement**

I hereby authorize \_\_\_\_\_ to initiate automatic deposits to my account at the financial institution named below. This agreement will remain in effect until they receive a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

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Name of Financial Institution: ALLIED FEDERAL CREDIT UNION

Routing Number: 311977013

Account Number: \_\_\_\_\_  Checking |  Savings

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Signature**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to your Payroll Department.