



Direct Deposit Authorization

To begin using or change an existing Direct Deposit, complete this and submit it to your employer or whomever will be making payments to you. Please make sure all your personal information is correct.

Personal Information

Member Name: _____ Date: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Home Work Cell
Phone #: _____ Home Work Cell

Employer Information

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____

Initial Authorization

Statewide Federal Credit Union	Routing #: 265377222
P.O. Box 320483	Account/Draft ID #: _____
Flowood, MS 39232	Account Type: Checking Savings
(601) 420-5535	

By submitting this form, I authorize the above payer to initiate credit entries and, if necessary, to initiate any debit entries and adjustments to correct any erroneous credit entries for Direct Deposit to my above account at Statewide FCU on a recurring basis until I notify you in writing that I revoke this authorization.