PAYROLL DEPARTMENT
DIRECT DEPOSIT AUTHORIZATION FORM

BAY CITIES CREDIT UNION

You may use this form to start or change Direcet Deposit into your Bay Cities account.

After completing, print this form and give it **to your employer's payroll department and a copy to Bay Cities.** Your Direct Deposit will be activated within 4-6 weeks. For the purposes of this form, your Account Number is your Social Security Number. **Fax our copy to (510) 300-6442 or mail to :Bay Cities Credit Union, PO Box 30, Hayward CA 94543.**

❑ **Please initiate Direct Deposit for:**

❑ My Entire Check or ❑ $ _____ per pay period

❑ **Please change Direct Deposit to:**

❑ My Entire Check or ❑ $ _____ per pay period

START DATE _____

PAY PERIOD ❑ Weekly ❑ Bi-Weekly ❑ Monthly ❑ Semi-Monthly

to: Bay Cities Credit Union
22777 Main Street
Hayward, CA 94541
ROUTING NUMBER **321172866**

NAME _____

ACCOUNT NUMBER _____

Effective with the Start Date above, I authorize a total deduction in the amount stated above each pay day. It is understood and agreed that my employer assumes no responsibility or obligation hereby except to send the amount deducted to Bay Cities Credit Union in accordance with this authorization.

SIGNATURE _____

DATE _____

By signing this form, I hereby agree to indemnify Bay Cities Credit Union for payroll discrepancies. Payroll deduction is a voluntary service provided by the Credit Union at my request, and I understand that it is my responsibility to ensure that my direct deposit or payroll deduction is deposited correctly.

Questions? Call 510-690-6100 or email us at info@baycities.org. Revised 2.14

GIVE THIS FORM TO YOUR EMPLOYER'S PAYROLL DEPARTMENT