

## Direct Deposit Authorization

Please **complete and print the form and submit to your employer**. If your employer does not accept the form, please request one from your payroll department.

\_\_\_\_\_  
Company Name

I authorize the above listed entity to electronically deposit funds each payday to my Baltimore County Employees Federal Credit Union account listed below.

<b>Member Account Number</b>	<b>Social Security Number</b>
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BCEFCU Routing Number: **252075757**

Deposit Entire Amount:                      Checking                      Savings

Deposit Partial Amount:                      Checking                      Savings

Deposit Amount: \_\_\_\_\_

\_\_\_\_\_  
Name (Primary account holder)

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
eMail address

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

Contact your employer or income source to make sure no other special forms are required.