



## Authorization Agreement for Direct Deposit

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security or Payroll Number: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Address: \_\_\_\_\_

Company City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Deposit instructions:

Deposit entire amount to Savings Account Number: \_\_\_\_\_ (5 - 7 digits)

Deposit entire amount to Checking Account Number: \_\_\_\_\_ (10 or 14 digits)

Deposit \$ \_\_\_\_\_ to Savings Account Number: \_\_\_\_\_

and the remainder to Checking Account Number: \_\_\_\_\_

**Routing Number: 251481368**

BayPort Credit Union

3711 Huntington Avenue, Newport News, VA 23607

### I hereby authorize:

- Above listed entity to initiate deposit of my funds to my BayPort Credit Union checking or savings account.
- BayPort Credit Union to credit entries to my account(s).
- This authorization to remain in effect until I send written notice of change or cancellation.

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