



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

One BayPort Way, Suite 350, Newport News, VA 23606

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: _____