

GENERAL EMPLOYMENT

DIRECTIONS:

- Form **MUST** be typed. No handwritten forms accepted
- Fill out all sections completely
- Return original form to employer
- Retain copy for Credit Union use
- Give copy to employee



SECTION 1

Name of Payee (Last, First, Middle initial)			Social Security Number		
Street Address			Type of Depositor Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
City	State	Zip Code	Full Depositor Account # / <i>Do not include zero's in front</i>		
Daytime Telephone # ()			Routing/Transit # 263079289		

SECTION 2

Employer Name	Employer Address
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SECTION 3

I hereby certify that the above information is correct, and I authorize the above Employer to initiate the Direct Deposit.

Signature:

Date:



4675 Sunbeam Road
Jacksonville, FL 32257-6109
(904) 353-2240
www.cityfcu.com

Representative:

Date: