



**Jacksonville Transportation Authority**  
*Regional Transportation Solutions*

**DIRECTIONS:**

- Fill out all sections completely
- Attach voided check (if applicable)
- Return original form to employer
- Retain copy for credit union use
- Give copy to member

**SECTION 1 Authorization Agreement for Direct Deposit (ACH Credits)**

I hereby authorize the Jacksonville Transportation Authority to  initiate OR  change credit entries and initiate, if necessary, debit entry adjustments for any credit entries in error to my:

Checking (choose one)  Savings

**SECTION 2**

<p><b>FEDERAL CREDIT UNION</b></p> <p><b>4675 Sunbeam Road</b> <b>Jacksonville, FL 32257-6109</b> <b>(904) 353-2240</b> <b>www.cityfcu.com</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">JTA Employee Name (PRINT)</td> </tr> <tr> <td style="padding: 2px;">Depositor Account #</td> </tr> <tr> <td style="padding: 2px;">[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]</td> </tr> <tr> <td style="padding: 2px;">Routing/Transit #</td> </tr> <tr> <td style="padding: 2px;">[2][6][3][0][7][9][2][8][9]</td> </tr> </table>	JTA Employee Name (PRINT)	Depositor Account #	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	Routing/Transit #	[2][6][3][0][7][9][2][8][9]
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[2][6][3][0][7][9][2][8][9]						

**SECTION 3**

*A voided check must be attached here if depositing to Checking Account*

**SECTION 4**

This authority is to remain in full force and effect until the JTA receives written notification from me of termination or change in such manner as to afford the JTA and the financial institution a reasonable opportunity to act on it.

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