



Newrizons Federal Credit Union serving Grays Harbor County residents since 1964

Direct Deposit/Automatic Payment Form

Newrizons Account Number _____

My Name _____

My Social Security Number _____ - _____ - _____

My Address _____

	<i>FROM</i> →	<i>TO</i>
<i>Name</i> <small>(Bank, Credit Union, Employer)</small>		
<i>Address</i> <small>(Bank, Credit Union, Employer)</small>		
<i>Routing Number (ABA)</i>		
<i>Account Number</i>		
<i>Amount</i>		
<i>Type of Account</i> <small>(Checking, Savings, Loan, IRA)</small>		
<i>Frequency</i> <small>(Monthly, One-time, Paydays)</small>		

Per this agreement date _____ I/we authorize Newrizons Federal Credit Union to make the transfer(s) indicated above until further notice from me/us. If this agreement changes any prior authorization between me/us and Newrizons Federal Credit Union is cancelled. I/we acknowledge that I/we have received an Electronic Funds Transfer and Funds Availability Disclosures which describe my/our rights and responsibilities and Newrizons Federal Credit Union's rights and responsibilities concerning the above transfer(s) and that it is incorporated into this authorization. I/we understand that Newrizons Federal Credit Union will not contact us when the above transfer occur(s) unless specifically requested and that I/we can find out whether or not the transfer has been made via online banking 247, mobile banking 247, or using 247 telephone access 877-798-6880.

Authorized signer

Authorized Signer

At Newrizons, we put people first, not profits.