Direct Deposit Request

Name (Last, First, Middle Initial): _____ Social Security Number: _____

I hereby authorize _____ to initiate credit entries to my account indicated below,
(Company Name)

with the financial institution below, to credit the same to such account.

In the event of overpayment to my account, I authorize _____ to initiate an adjusting
(Company Name)

debit entry to my account up to the amount of the overpayment, upon proper notice to me of the adjustment.

Financial Institution: **Caro Federal Credit Union**

Depository Routing & Transit Number: **253978824**

Account Number: _____ ☐ Checking ☐ Savings

This authorization is to go into effect at such time as to allow _____ and
(Company Name)

my depository reasonable time to act on it. It is to remain in full force and effect until _____
(Company Name)

has received written notification from me of its termination in such time and in such manner as to

allow _____ and my depository reasonable opportunity to act on it.
(Company Name)

By signing this agreement, I am certifying that I have read the attached regulations relative to Direct Deposits.

Employee Signature: _____ Date: _____

Please ensure your employer's payroll department receives this form.

This credit union is federally insured by the National Credit Union Administration and is an Equal Housing Lender.

Mail or deliver to:
4480 Rosewood Dr • Columbia, SC 29209 | 710 Pulaski Street • Columbia, SC 29209
803.227.5555 • www.smartcaro.org