

Direct Deposit Authorization

Name:			
Address:			
City:			
State:			
Contact Telephone Number:			
Email Address:			
Start My Direct Deposit			
Employer Name:			
Employer Address:			
I authorize (name of employer) deposit my paycheck into my account listed be			
This authorization will remain in effect until I ç	give written notice to cance	el it.	
RBFCU Routing Number: 3 1 4 0 8 9 6 8 1			
RBFCU Account Number:		Checking	Savings
Member Signature	Date		

Federally insured by NCUA