



# Direct Deposit Request

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

I hereby authorize \_\_\_\_\_  
(Company Name) to initiate credit entries to my account indicated below,  
with the financial institution below, to credit the same to such account.

In the event of overpayment to my account, I authorize \_\_\_\_\_  
(Company Name) to initiate an adjusting  
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 \_\_\_\_\_  
(Company Name) and  
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 \_\_\_\_\_  
(Company Name) and my depository reasonable opportunity to act on it.

**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  
University of South Carolina Upstate, Health Education Complex, Room 3000 • Spartanburg, SC 29303  
803.227.5555 • [www.smartcaro.org](http://www.smartcaro.org)