



# 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**