

**Employee Authorization
For ACH Direct Deposit Origination**

I hereby authorize _____ via CP Federal Credit Union, to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries made in error to my (select one):

- CHECKING ACCOUNT
- SAVINGS ACCOUNT

at the depository institution named below:

FINANCIAL INSTITUTION NAME

CITY

STATE

ZIP

ROUTING NUMBER

ACCOUNT NUMBER

This authorization is to remain in full force and effect until _____ has received written notification from me of its termination in such time and manner as to afford and CP Federal Credit Union a reasonable opportunity to act on it.

NAME (PLEASE PRINT)

SIGNATURE

DATE

For Administration use only

Starting Date: _____

Template: _____

Completed by: _____

Added to system (date): _____

Approved By: _____

Approved Date: _____