

# Switch Kit

## DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Please review and complete the following information. Submit the completed and signed form to your employer's Human Resources department.

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Deposit Instructions:

Magnifi Financial Routing Number: 291974204

Deposit entire amount into Checking Account Number: \_\_\_\_\_

Deposit \$ \_\_\_\_\_ into Savings Account Number: \_\_\_\_\_

and the remainder into Checking Account Number: \_\_\_\_\_

### By signing this form, I hereby authorize:

- Above listed entity to initiate deposit of my funds to my Magnifi Financial Credit Union checking and/or savings account(s).
- Magnifi Financial Credit Union to credit entries to my account(s).
- This authorization to remain in effect until I send written notice of change or cancellation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

