



AUTHORIZATION FOR AUTOMATIC DEPOSIT

Company Name: _____
Company ID Number: _____
Company Address: _____
City, State, Zip: _____

I (we) hereby authorize _____
To initiate credits (and/or corrections to the previous credits) to the Tombstone Federal Credit Union, to credit the net amount my (our) ____ **Checking/** ____ **Savings** account indicated below:

Financial Institution Name: Tombstone Federal Credit Union
Address: P. O. Box 305
City, State, and Zip: Tombstone, AZ 85638

This authorization is to remain in full force and effective until you have received written notification from me (or either of us) of its termination.

Name: _____
Employee ID Number: _____
Date: _____
Signature: _____

TFCU Routing & Transit Number

Member Account Number

322174643

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Use your membership number only, not the number off your checkbook for account number.

Social Security Administration: 800-772-1213