

**ARKANSAS BEST FEDERAL CREDIT UNION
DIRECT DEPOSIT AUTHORIZATION AGREEMENT**

I hereby authorize my employer _____ (hereinafter “**COMPANY**”) to deposit any amounts owed me by initiating credit entries to my account at **ARKANSAS BEST FEDERAL CREDIT UNION**. Further, I authorize **ARKANSAS BEST FEDERAL CREDIT UNION** to accept and to credit any credit entries indicated by **COMPANY** to my account. In the event that **COMPANY** deposits funds erroneously into my account, I authorize **COMPANY** to debit my account for an amount not to exceed the original amount of the erroneous credit.

EMPLOYEE INFORMATION

Employee Name (please print) _____ Social Security # _____ - _____ - _____

Begin Deposit Change Information Cancel

Financial Institution Name _____ **ARKANSAS BEST FEDERAL CREDIT UNION** _____

City: **FORT SMITH** State: **ARKANSAS** ABA# **2829-7483-1**

Checking Acct. # _____ I Wish to Deposit (*Check One*) \$ _____ .00 Entire Net Pay

Savings Acct. # _____ I Wish to Deposit (*Check One*) \$ _____ .00 Entire Net Pay

This authorization is to remain in full force and effect until **COMPANY** and **ARKANSAS BEST FEDERAL CREDIT UNION** have received written notice from me of its termination in such time and in such manner as to afford **COMPANY** and **ARKANSAS BEST FEDERAL CREDIT UNION** a reasonable opportunity to act on it.

Employee Signature _____ Date: ____ / ____ / ____