



**Rite Choice**  
 Federal Credit Union  
 PO Box 558  
 Wilsonville, Oregon 97070  
 (800) 222-3991 • Fax (503) 682-6214  
 Internet: http://www.ritechoicecu.com

## DIRECT DEPOSIT AUTHORIZATION AGREEMENT

### for Rite Choice Federal Credit Union

*Formerly Thrifty PayLess Drug FCU  
 & Formerly Retail Pharmacy FCU*

Print your **Last Name, First Name** and **Middle Initial** in this box.

Enter your Department or Store # in this box.

Enter your **Social Security Number** in this box.

Check the box for "**Checking**" or for "**Savings**".

Check the box for **starting, changing, or canceling** the account(s).

Enter the Amount that you wish to deposit to your account(s).

Check this box if; after direct deposit deductions, you want the remainder of your net pay in the form of a check. Complete disbursement instructions on the back of this form.

**Sign and Date** this Authorization Agreement.

**Note: Please allow two to three pay periods each time a change is made on your deductions. If I have a Credit Union loan, it is my responsibility to make the payment during the set-up period. If I fail to cancel this Authorization upon filing for bankruptcy, the Credit Union is directed to make and apply deductions in accordance with this Authorization. This supersedes all previous Authorizations.**

NAME	DEPARTMENT OR STORE #
SOCIAL SECURITY NUMBER	<input type="checkbox"/> NET PAY AS CHECK

ACCOUNT TYPE	ACCOUNT STATUS	FINANCIAL INSTITUTION	AMOUNT	TRANSIT NUMBER	ACCOUNT NUMBER
<input type="checkbox"/> CHECKING	<input type="checkbox"/> START <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL	<b>Rite Choice FCU</b>		<b>323075767</b>	
		<b>PO Box 558</b>			
<input type="checkbox"/> SAVINGS	<input type="checkbox"/> START <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL	<b>Wilsonville, OR 97070</b>		<b>323075767</b>	
		<b>(503) 685-6035 • (800) 222-3991</b>			

I hereby, authorize my employer to deposit my net pay to my Credit Union account(s) listed below. In the event of effort on the part of the Company in initiating credit to my account(s), I authorize the Company to make adjustments to correct such error and waive all rights to proceed against the receiving financial institution on any adjustments made. This authorization is to remain in force until the Company has received written notification from me in such time and in such manner as to afford the Company and/or the Credit Union(s) a reasonable opportunity to act on it.

" Signature \_\_\_\_\_ Date \_\_\_\_\_

I designate the following to be applied to my :

- |   |  |
|---|--|
| <input type="checkbox"/> Share Savings _____<br><br><input type="checkbox"/> Money Market _____<br><br><input type="checkbox"/> Christmas Club _____<br><br><input type="checkbox"/> Vacation _____<br><br><input type="checkbox"/> Education _____ | <input type="checkbox"/> Kirby Kangaroo _____<br><br><input type="checkbox"/> Tax _____<br><br><input type="checkbox"/> Loan # _____<br><br><input type="checkbox"/> Loan # _____<br><br><input type="checkbox"/> Loan # _____ |
|---|--|