



# College Kids Savings Account

Complete all the fields below and submit the form to your employer or fund originator.

## Authorization For Direct Deposit

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Employer: \_\_\_\_\_

**1st Financial Federal Credit Union** | Routing #281080739

Account # \_\_\_\_\_ Amount to be deposited: \$ \_\_\_\_\_

I authorize my employer to initiate credit entries to my account listed above. I further authorize my employer to initiate, if necessary, debit adjustments for any credit entries made in error to my account. I also authorize 1st Financial to credit or debit my account.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1st Financial Federal Credit Union | 1232 Wentzville Parkway, Wentzville, MO 63385 | (636) 916-8300 | www.TheBetterWayToBank.org

*This authorization form is valid only to initiate a direct deposit of funds to a College Kids Savings Account. Participation in direct deposit is contingent upon your employer or fund originator offering the service and your eligibility to participate.*

*Direct deposit should take effect within three deposit periods — if you don't see it by then, contact your employer.*

*Note that some organizations or companies (like Social Security) may require you to use a special form. Contact your employer or income source to make sure no other forms are required.*

**IF YOU HAVE ANY QUESTIONS ON COMPLETING THIS FORM, CALL YOUR COLLEGE KIDS PROGRAM COORDINATOR AT 314-622-4700**

