



# Direct Deposit Authorization Form

**Attention Employer:** If you are unable to accept this form, please mail the authorized form that your organization uses to the address below.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

**Deposit Instructions:**

**Louisiana USA Federal Credit Union**

10289 Airline Highway

Baton Rouge, LA 70816

**Routing #265473508**

(225) 292-8910

_____	\$ _____	\$ _____
Checking Account #	Full Amount	Specific Amount
_____	\$ _____	\$ _____
Savings Account #	Full Amount	Specific Amount
_____	\$ _____	\$ _____
Other Account #	Full Amount	Specific Amount

**I authorize:**

- The company listed above to initiate deposits to the above named account(s).
- Louisiana USA Federal Credit Union to credit entries to the above named account(s).
- That this authorization replaces any previous authorization to remain in effect until I send written notice of change or cancellation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

**Attach a voided check and/or deposit slip from the above identified accounts.**