

Direct Deposit Authorization Form



Name: _____

Address: _____

City, State, Zip: _____

I authorize _____ hereinafter referred to as the "Originator", to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit error to my account(s) indicated below and the Bank hereinafter referred to as "Depository", to credit and /or debit to the same such account.

As of _____, please begin making this direct deposit into my account at:

Blue Foundry Bank
MSC 269744 PO Box 105168 Atlanta, GA 30348-5168
(888)931-BLUE
Routing number: 221271359

Acct Number: _____ Acct Type: Checking: Savings: \$ _____

If the Originator permits direct deposit to more than one account, I elect to have a portion of the proceeds deposited into the following account at the above named bank.

Acct Number: _____ Acct Type: Checking: Savings: \$ _____

This authority is to remain in effect until the Originator is notified in writing from me of termination in such time as to allow the Originator and Depository sufficient opportunity to act on my request.

Signature: _____ Date: _____

Type of Direct Deposit	Existing Enrollment	New Enrollment
Salary/Wages Pension Dividend/Investment Income	Contact your employer or other payer directly with the information on this form.	
Social Security Supplemental Security Income	Call 1-800-772-1213	Visit a Blue Foundry Bank near you or visit godirect.org or call Go Direct at 1-800-333-1795
Railroad Retirement	Call 1-877-772-5772	
Civil Service Retirement	Call 1-888-767-6738	
Veterans Compensation & Pension	Call 1-877-838-2778	