



**Authorization Agreement for
Lubrizol Employees' Credit Union Direct Deposit**

Name: Social Security #:

Address:

City: State: Zip:

Company Name:

Company Address:

Company City: State: Zip:

Direct Deposit Instructions:

- Deposit entire amount to Checking account #:
- Deposit \$ to Savings account #:
- And the remainder to Checking account #:

Lubrizol Employees' Credit Union

205 Center Street/ P.O. Box 158
Deer Park, Texas 77536

Transit/ABA # 313080610

I hereby authorize:

- Above listed entity to initiate deposit of my funds to my Lubrizol Employees' Credit Union checking or savings account.
- Lubrizol Employees' Credit Union to credit entries to my account (s).
- This authorization to remain in full force and effect until I send a written notice of change or cancellation.

Signature: _____ Date: _____