



Direct Deposit Authorization Agreement

I (we) hereby authorize City National Bank to initiate credit entries to my (our) checking or savings account indicated below, and the depository named below to credit the same to such account.

Name of Bank: _____

Account Name: _____

Address of Bank: _____

Street Address

Street Address

City, State, Zip

Bank's Telephone Number

Bank ABA Routing Number: Bank _____

Account Number: _____

Type of Account: Checking _____ Savings _____

This authorization is to remain in full force and effect until City National Bank has received written notification from me (or either of us) of its termination in such time and in such manner as to afford City National Bank a reasonable opportunity to act on it.

Your Name(s) (please print) _____

Your Signature(s) _____

Today's Date _____

Please return completed form with a copy of a voided check (if requesting deposit to a checking account) to Nia Bailey via email to: nbailey@cpumf.org or by standard mail to: CPUMF, PO Box 2590, Pasadena, CA 91102.