

Direct Deposit Application:	
Member Name:	
Address:	
City, State and Zip:	
Please have my payroll check automatically deposited into the fo	llowing account:
Account Number	
316386489	
Credit Union's Routing Number	
I authorized	
(This includes authorization to correct any entries made in error.) will remain in effect until I give written notice to cancel it.	
Member's Signature	Date
ATTACHED VOIDED CHECK	
Mailing Address for your Employer:	