



Direct Deposit Form- Employer

Employee Name: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Deposit Amount: \$ \_\_\_\_\_ or Net Check

Deposit To:           Checking       Savings

Credit Union Routing Number: 211691114   Account/MICR Number: \_\_\_\_\_

Direct Deposit Start Date: \_\_\_\_\_

*By signing below or otherwise authenticating, I authorize my employer to deduct from my salary the amounts indicated on this authorization and to deposit the funds at the Credit Union for each payroll period following receipt of this authorization until further notice from me. I understand that this authorization is revocable. If this is a change in a previous authorization, I instruct my employer to cancel my previous authorization and to follow this authorization.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please print this form and deliver it to your employer. Remember it contains sensitive information not suitable for unsecure email. Note: it may take up to two pay cycles for the direct deposit to be processed.**