

PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM



Please complete this form, then print it out and deliver it to your company payroll department.

PERSONAL INFORMATION:

First Name _____ MI _____ Last Name _____

PAYROLL DIRECT DEPOSIT INFORMATION:

Financial Institution Name: **Diversified Credit Union**

ABA Routing Number: **291074748**

Where would you like your money deposited? Check both boxes if you'd like your payroll deposit split between your checking and savings accounts and indicate amount to deposit into each account.

Checking Account # _____ Full Amount Partial Amount \$ _____
(the second set of numbers at the bottom of your personal checks)

Savings Member # _____ Full Amount Partial Amount \$ _____

Please check one:

New Authorization Change Information Cancel

Additional comments/instructions (optional):

Signature: _____ Date: _____

