

DIRECT DEPOSIT AUTHORIZATION



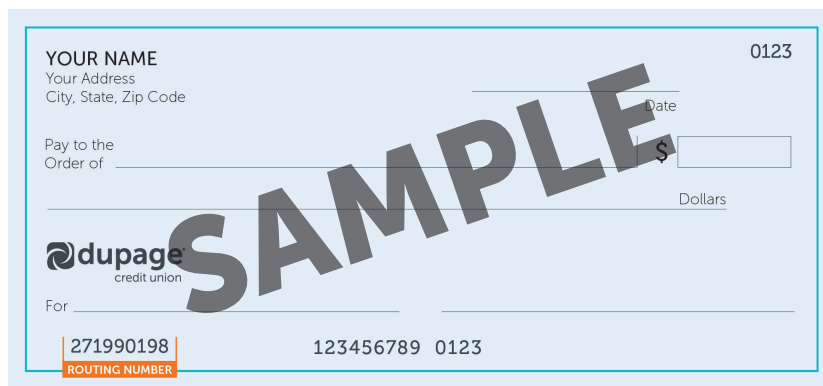
Use this form to notify your employer (or other source of funds) to begin placing deposits in your account.

PERSONAL INFORMATION

Member Name: _____
Social Security Number: _____ Employee Number (if applicable): _____
Street Address: _____
Address line 2: _____
City: _____ State: _____ Zip: _____
Home Phone Number: _____ Work Phone Number: _____

ACCOUNT INFORMATION

My Credit Union is: DuPage Credit Union
Routing Number: 271990198
Account Type: Savings Checking
Account Number: _____
(Please do not include your account ID i.e. - 0030 or 0000)



DEPOSIT INFORMATION

Effective: Immediately Entire Net Pay
 Beginning on: _____ _____ % of Net Pay
 Specific Dollar Amount _____ .00

AUTHORIZATION

To Employer/Payer Name: _____
I hereby authorize my employer to deduct from my salary the amounts set forth above and to deposit these funds at the Credit Union for each payroll period following receipt of this authorization until further notice from me. If there is a change in a previous authorization, I instruct my employer to cancel my previous authorization and to follow this authorization. If I fail to cancel this authorization upon filing for bankruptcy, my employer and the Credit Union are directed to make and apply deduction in accordance with this authorization.

X _____ Date: _____