

# 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 suffix i.e. - 30 or 00)*



## 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: \_\_\_\_\_