



**Direct Deposit Authorization**

Member Name: \_\_\_\_\_ Member No: \_\_\_\_\_

Employer: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Initial Authorization  Change in Authorization

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

Deposit To:  Savings  Checking

DECU Routing Number: 211288996

Account No: \_\_\_\_\_

Payroll Period:  Weekly  
 Bi-Weekly  
 Monthly  
 Semi-Monthly

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 these 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
X	