



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	