



DIRECT DEPOSIT AUTHORIZATION

Employees requesting direct deposit complete and sign the authorization from which the payroll department retains on file. Some employees may wish to have part of their pay deposited into their checking and part deposited into their savings account. If the payroll system is capable of split deposits, offer it to employees to provide even greater freedom in allocating their pay.

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

EMPLOYER NAME: _____

LOCATION: _____

I hereby authorize my EMPLOYER (named above) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account or accounts listed below.

ABOUT YOUR ACCOUNT(S) (Where you want your deposit to go)

ACCOUNT

FINANCIAL INSTITUTION NAME: River Valley Credit Union

FINANCIAL INSTITUTION ROUTING # 242278713

TYPE OF ACCOUNT CHECKING SAVINGS

ACCOUNT #: _____ % OF PAY TO THIS ACCOUNT _____

FIXED DOLLAR AMOUNT \$ _____

CREDIT UNION EMPLOYEE SIGNATURE/TITLE: _____ DATE: _____

This authority is to remain in full force until EMPLOYER has received written notification from me of its termination in such timely manner as to afford EMPLOYER and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

NAME: _____ EMPLOYEE ID# _____

DATE: _____ SIGNATURE: _____