

Authorization Agreement for SIU Credit Union Direct Deposit



Please review and complete the following information. Return this form to your employer's human resources office.

DIRECT DEPOSIT AUTHORIZATION

Name: _____ Social Security #: _____

Address: _____ City: _____ State: _____ Zip: _____

Company Name: _____

Company Address: _____ City: _____ State: _____ Zip: _____

DEPOSIT INSTRUCTIONS

☐ Deposit entire amount to Checking Account Number: Share Type:

☐ Deposit to Savings Account Number: Share Type:

and the remainder to Checking Account Number: Share Type:

SIU Credit Union
P.O. Box 2888
Carbondale, IL, 62902
Transit/ABA#28127420

I hereby authorize:

- Above listed entity to initiate deposit of my funds to my SIU Credit Union Checking or Savings Account.
- SIU Credit Union to credit entries to my account(s).
- This authorization to remain in full force and effect until I send a written notice of change of cancellation.

Signature

Date