



## Authorization Agreement for Credit Union 1 Direct Deposit

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

### Direct Deposit Authorization

Name		SSN
Address (street)		
City	State	Zip
Company Name		
Company Address		
Company City	State	Zip

### Deposit Instructions

Deposit entire amount to checking account  
Account No.

Deposit \$ to savings  
Account No.  
and remaining amount to checking account No.

Credit Union 1  
200 E Champaign, IL 61866  
Transit/ABA#271188081

### Signature

I hereby authorize:

- Above listed entity to initiate credit or debit entries if necessary, to correct any credit entries made in error, to my checking or savings account at Credit Union 1.
- Credit Union 1 to credit and/or debit entries to my account(s).
- This authorization to remain in full force and effect until I send a written notice of change or cancellation.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_