

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

Direct Deposit Information

Member Name		Social Security #	
Member Address			
Company Name		Company Address	

Direct Deposit Instructions

Account Number		CU1 Routing Number	271188081
Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Direct Deposit Amount	<input type="checkbox"/> Net Check <input type="checkbox"/> Specify Amount:

Employee Authorization

I hereby authorize:

- (i) The 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.
- (ii) Credit Union 1 to credit and/or debit entries to my account(s).
- (iii) This authorization to remain in full force and effect until I send a written notice of change or cancellation.

Member Signature

Date

If you or your employer has any questions or concerns regarding your direct deposit to Credit Union 1, please contact our Account Department at:

Credit Union 1
Attn: Accounting Department
450 E. 22nd Street
Lombard, IL 60148
800-252-6950 Ext: 7789

Sincerely,

Credit Union 1