

## **Direct Deposit Authorization**

Complete or edit this form and submit it to your employer (or to whomever will be making payments to you) to start using Direct Deposit, or change an existing Direct Deposit arrangement. Please make sure that all your personal information is correct, and keep a copy for your records.

Member Name:						
Social Security Number: Employee Number: (if A						
					(if Applicable)	
Line 2:						
City: State:		Zip:				
Home Phone Number:	] Work Ph	one Number: [				
Account Information						
My Credit Union is: Utah Community Federal Credit	Union	Account Type	Checl	king	Saving	
Bank Routing Number: 324377820		*12 Digit Accou	Int Number:			
PAY 122 PEODORACE CONCEPTION	Divitais é	e e e e e e e e e e e e e e e e e e e	Your 12- Digit Ad lso be found by anking, clicking avings or Checl etails & Setting	logging into g on the Sha king and goi	o Online are	
Deposit Information						
Effective: Immediately Beginning on:	Amount:	Entire Net P				
		Specific doll		\$	.00	
Authorization						
Employer/Payor Name:						
I authorize the above Employer/Payor to initiate credit e to correct any erroneous credit entries for Direct Deposit Community Federal Credit Union, on a recurring basis until I no	t of above pa	yroll/other amoun	to my above	account at		