



DIRECT DEPOSIT AUTHORIZATION FORM

MEMBER INFORMATION

Last Name: _____ First Name: _____

Address: _____ City/State/Zip _____

DEPOSIT INFORMATION

Member's Account #: _____ Routing #: 261072770

(Please check appropriate box)

Net Amount: Yes No Into the following account: Checking Savings

If no, specify dollar amount: \$ _____ Into the following account: Checking Savings

FOR MULTIPLE DEPOSITS:

(Please check appropriate box)

Net Amount: Yes No Into the following account: Checking Savings

If no, specify dollar amount: \$ _____ Into the following account: Checking Savings

(Please check appropriate box)

Net Amount: Yes No Into the following account: Checking Savings

If no, specify dollar amount: \$ _____ Into the following account: Checking Savings

(Please check appropriate box)

Net Amount: Yes No Into the following account: Checking Savings

If no, specify dollar amount: \$ _____ Into the following account: Checking Savings

AUTHORIZATION

I authorize credit entries and any adjustment to be made to my account.

MEMBER'S SIGNATURE

DATE