

For Box Elder County Credit Union Member Use Only. Complete this form and submit to your employer (or to whomever will be making payments to you to start using Direct Deposit or to change an existing Direct Deposit arrangement. Please make sure all your personal information is correct and keep a copy for your records.

Personal Information

Name:

Social Security Number: Employee Number: (if applicable)

Street Address:

Line 2:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Account Information

My Credit Union is: **Box Elder County Credit Union**

Account Type: Checking

Savings

Routing Number: **324376818**

Account Number:

Deposit Information

Effective: Immediately

Beginning on:

Amount: Entire Net Pay

% of Net Pay

Specific Dollar Amount: .00

Authorization

To Employer/Payor Name:

I authorize the above Employer/Payor to initiate credit entries and, if necessary, to initiate any debit entries and adjustments to correct any erroneous entries for Direct Deposit of above payroll/other amount to my above-listed account at Box Elder County Credit Union, on a recurring basis until I notify you in writing that I revoke this authorization.

X

Date: