



P.O. Box 735  
San Bernardino, CA 92402  
(909) 383-7300

## Direct Deposit Authorization Form

To enjoy the benefits of Direct Deposit, complete and sign this form and give it to your employer. Please refer to your employer for Direct Deposit start date.

### Member Information

Member Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

### Arrowhead Credit Union Information

Routing #: \_\_\_\_\_  
Account Type: \_\_\_\_\_  
MICR Account #: \_\_\_\_\_  
Payment Type: \_\_\_\_\_

### Employer Information

Employer's Address: \_\_\_\_\_  
Employer's City, State, Zip: \_\_\_\_\_  
Employer's Phone: \_\_\_\_\_

**I hereby authorize my employer named above to initiate deposits (credits) and/or corrections (debits) to the previous credits to Arrowhead Credit Union (ACU). ACU is authorized to post these credits and/or debits to my account. This authority will remain in full force until I give written notification to my employer/depositor cancelling this authorization with such time as to afford my employer/depositor to act on it.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

User ID: \_\_\_\_\_