



ARROWHEAD
CREDIT UNION
Dedicated To Helping Members Build Wealth

Direct Deposit Authorization Form

Date: _____

Name: _____

Address: _____

City/Street/Zip: _____

Home Phone: _____ Work Phone: _____

Arrowhead Credit Union:

Routing #: 322282603

Employer: _____

Payment Type: **Checking / Savings (Circle One)**

Employer's Address: _____

For Checking: **Please attach voided check**

For Savings: **Provide Account Number**

Account # _____

Employer's Phone: _____

I hereby authorize my employer 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: _____

To enjoy the benefits of Direct Deposit, complete and sign the form and give it to your employer.

Please refer to your employer for Direct Deposit start date.

If you need any assistance, please call 909-383-7300, Toll-Free 800-743-7228, or go to www.arrowheadcu.org/ddadvantage.