

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: _____