



Direct Deposit Authorization Form

Establish or re-route the direct deposit of my payroll per my instructions below.
Please give this form to your employer's Human Resources or Payroll department.

Previous Financial Institution (if applicable)

Routing Number

Account # to Discontinue

Employee's Name

Address

Daytime Phone

Email

City

State

Zip

Direct Deposit Routing & Account Instructions

Please route the following amount of my payroll to my State Credit Union account every pay period:

SCU Routing Number

SCU Account Number

100%

(or) this amount \$

Account Type:

Savings

Checking

Authorized Signature(s): _____

Date: _____

How to locate your SCU routing and account number



Routing Number

8-Digit Account Number

Check Number

If you have any questions, please contact us at 800-868-8740, option 5.

SCU Employee's Name: _____
(if completed by SCU)

Person Number: _____