



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
<input type="text"/>	<input type="text"/>	<input type="text"/>

Employee's Name	Address
<input type="text"/>	<input type="text"/>

Daytime Phone	Email	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Direct Deposit Routing & Account Instructions

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

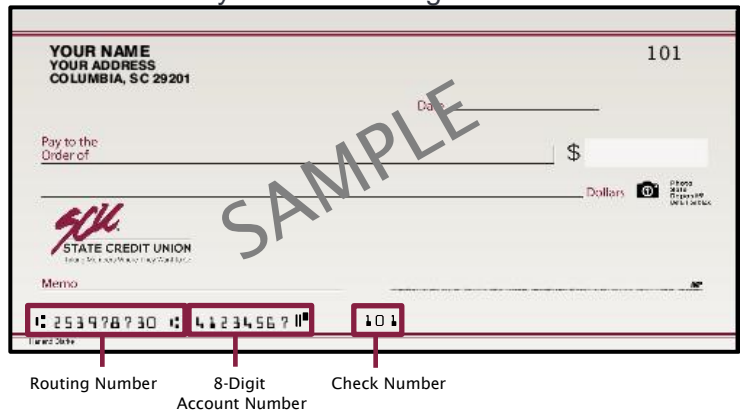
SCU Routing Number SCU Account Number

<input type="text"/>	<input type="text"/>
----------------------	----------------------

100% (or) this amount \$ Account Type: Savings Checking

Authorized Signature(s): _____ Date: _____

How to locate your SCU routing and account number



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

SCU Employee's Name: (if completed by SCU)	<input type="text"/>	Person Number:	<input type="text"/>
---	----------------------	----------------	----------------------