

Credit Union 1

Authorization Agreement for Credit Union 1 Direct Deposit

Please review and complete the following information. Return this form to your employer's human resources office.

Direct Deposit Authorization

Name _____ SSN _____

Address _____

City _____ State _____ Zip _____

Company Name _____

Company Address _____

Company City _____ State _____ Zip _____

Direct Deposit Instruction

Account Number: _____ CU1 Routing Number: 271188081

Account Type: Checking Savings

Amount: Entire Check Deduction \$ _____ (enter deduction amount)

Employee Signature

I hereby authorize:

- Above listed entity to initiate credit or debit entries if necessary, to correct any credit entries made in error, to my checking or savings account at Credit Union 1.
- Credit Union 1 to credit and/or debit entries to my account(s).
- This authorization to remain in full force and effect until I send a written notice of change or cancellation.

Signature: _____ **Date:** _____

If you or your employer have any questions or concerns regarding your direct deposit to Credit Union 1, please contact our Accounting Department at:

Credit Union 1
Attn: Accounting Dept.

450 E 22nd St., Suite 250
Lombard, IL 60148

800.252.6950 ext. 7786

