



Authorization Agreement for Direct Deposit

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

Direct Deposit Authorization:

Name:	Social Security Number:	
Address:		
City:	State:	Zip:
Company Name:	Company Address:	
Company City:	State:	Zip:

Deposit instructions:

Deposit entire amount to Checking Account: Share Type:
Deposit \$ _____ to Savings Account: Share Type:
and the remainder to Checking Account: Share Type:

MY CREDIT UNION
9550 Lyndale Ave. S
Bloomington, MN 55420
Routing / Transit Number: # **2910-7545-9**

I hereby authorize:

- Above listed entity to initiate deposit of my funds to my MYCU checking or savings account.
- MYCU to credit 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: _____