



Direct Deposit Authorization

Use this form to notify your employer (or other source of funds) to begin placing deposits in your account.

Personal Information

Member Name: _____

Social Security Number: _____ Employee Number: _____ (if applicable)

Street Address: _____

Line 2: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Work Phone Number: _____

Account Information

My Credit Union is: Mountain America Credit Union Account Type: _____
(Savings or Checking)

Bank Routing Number: 324079555 Account Number: _____



Deposit Information

Effective: Immediately Amount: Entire Net Pay
 Beginning on: _____ _____ % of Net Pay
 Specific dollar amount _____ .00

Authorization

To Employer/Payor Name: _____

I authorize the above Employer/Payor to initiate credit entries and, if necessary, to initiate any debit entries and adjustments to correct any erroneous credit entries for Direct Deposit of above payroll/other amount to my above account at Mountain America Credit Union, on a recurring basis until I notify you in writing that I revoke this authorization.

X _____ Date: _____