



Direct Deposit Form

Please review and complete the following information. Upon completion, return this form to your employer's payroll department.

Direct Deposit Authorization

Name: _____ SSN: _____

Address: _____ City: _____ State: _____ Zip: _____

Company Name: _____

Company Address: _____ City: _____ State: _____ Zip: _____

Deposit Instructions

- Deposit entire amount into:
 - Savings Account Number: _____
 - Checking Account Number: _____
- Deposit partial amount into:
 - Savings Account Number: _____ Amount: _____
 - Checking Account Number: _____ Amount: _____
 - Other Account Number: _____ Amount: _____
 - Other Account Number: _____ Amount: _____
 - Other Account Number: _____ Amount: _____

Allegan Credit Union 755 Grand Street, Allegan, MI 49010
Routing/Transit Number: 272476349

Signature

I hereby authorize:

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

Signature: _____ Date: _____