



Direct Deposit Authorization

Please provide completed form to your employer.

PERSONAL INFORMATION

MEMBER FIRST NAME	MEMBER LAST NAME		
STREET ADDRESS	CITY	STATE	ZIP

USE CREDIT UNION ROUTING INFORMATION

FINANCIAL INSTITUTION USE Credit Union	ROUTING AND TRANSIT # 322281691		
STREET ADDRESS 10120 Pacific Heights Blvd., Suite 100	CITY San Diego	STATE CA	ZIP 92121

SELECT WHICH ACCOUNT YOU WOULD LIKE YOUR DIRECT DEPOSIT POSTED TO

<input type="radio"/> CHECKING ACCOUNT	MICR Number:
	Deposit Amount: NET PAY OTHER: \$ _____
<input type="radio"/> SAVINGS ACCOUNT	Member Number:
	Deposit Amount: NET PAY OTHER: \$ _____

EMPLOYER INFORMATION

EMPLOYER NAME

AUTHORIZATION

I hereby authorize the company named above to initiate direct deposits to the account indicated.

MEMBER SIGNATURE	DATE (mm/dd/yy)
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