

Authorization for Direct Deposit (1 of 1)



Member Name:

Date:

Member Number:

Social Security
Number:

Employer Name:

Checking

☐

Amount:

or

☐

Net Pay

Savings

☐

Amount:

or

☐

Net Pay

ROUTING NUMBER: 281080315

I authorize my employer to initiate credit entries to my account(s) listed. I further authorize my employer to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account(s).

I also authorize West Community Credit Union to credit or debit my account(s).

PRIMARY ACCOUNT OWNER'S NAME

SIGNATURE

DATE