

Direct Deposit Authorization



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

Primary Member Name: _____

Social Security Number: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____

My Credit Union is: **Nusennda Federal Credit Union** Account Type: _____
(Savings or Checking)

Bank Routing Number: **307083665** Account Number: _____

EFT/Electronic Funds Transfer Number (use for Direct Deposits,
Automatic Payments, Check Orders)

Include a copy of your check below to ensure proper routing of your direct deposit:



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

Authorized Signature(s): _____ Date: _____

Printed Name(s): _____