



Please use this form to notify your employer (or another source) to begin placing deposits in your account.

MEMBER INFORMATION

Member Name: _____

Street Address: _____ Apt/Building Number _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____

ACCOUNT INFORMATION

My Credit Union is **ALPINE CREDIT UNION** Credit Union Routing Number: 324377765

Account Number: _____ Account Type (savings or checking): _____



DEPOSIT INFORMATION

Effective: Immediately

Amount: Entire Net Pay

Beginning on: _____

_____% of Net Pay

Specific amount \$ _____

AUTHORIZATION

To Employer/Payor Name: _____ I authorize the above Employer/Payor name 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 Alpine Credit Union, on a recurring basis until I notify you in writing that I revoke this authorization.

X _____

Date: _____