



WEBER STATE
CREDIT UNION

Direct Deposit Authorization

Give this form to your employer to begin placing deposits into your account

Personal Information

Name [Last, First, Middle]	Employee Number (if applicable)
Social Security Number	Primary Phone Number
Street Address	City, State, ZIP

Account Information

My Credit Union Weber State Credit Union	Account Type
Bank Routing Number 324377710	Account Number

Deposit Information

Effective <input type="checkbox"/> Immediately <input type="checkbox"/> Beginning on: _____	Amount <input type="checkbox"/> Entire Net Pay <input type="checkbox"/> _____ % of Net Pay <input type="checkbox"/> Specific Dollar Amount: _____
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Attach Voided Check Here

To Employer / Payor Name: _____

I authorize the above Employer/Payor to initiate credit entries and, if necessary, to initiate any debt entries and adjustments to correct any erroneous credit entries for Direct Deposit of above payroll/other amount to my above account at Weber State Credit Union, on a recurring basis until I notify you in writing that I revoke this authorization.

Signature

Date