

DIRECT DEPOSIT FORM



Employee Name: _____

Employee Company: _____

Please indicate action required:

Start Direct Deposit Change Direct Deposit Stop Direct Deposit

(Allow at least two paydays to start or change your direct deposit.)

AUTHORIZATION AGREEMENT

I hereby authorize _____ (Employee Company) to initiate automatic deposits to my account at the financial institution named below. I also authorize withdrawals from this account in the event that a credit entry is made in error. Further, I agree not to hold _____ (Employee Company) responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until _____ (Employee Company) receives a written notice of cancellation from me or my financial institution and in such manner as to afford LCCU a reasonable opportunity to act on it, or until I submit a new direct deposit form to the Payroll Department.

ACCOUNT INFORMATION

Name of Financial Institution: Lewis Clark Credit Union

Routing Number: 323173274

Account Number: _____

Checking Savings

For 2nd account, specify dollar(\$) amount and Financial Institution below.

(The remaining balance of pay will be deposited in account above.)

Name of Financial Institution : _____

Routing Number: _____

Account Number: _____

Checking Savings

Specified Dollar(\$) of Deposit: _____

SIGNATURE

Authorized Signature(Employee): _____ Date: _____

Please return this form to your Employee Payroll or HR Dept.