

Direct Deposit Authorization Agreement

Please review and complete the following information. When completed, return this form to your employer's Human Resources department.

Name: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Deposit Instructions:

Central Minnesota Credit Union Routing Number: 291974204

Deposit entire amount into Checking Account Number: _____

Deposit \$ _____ into Savings Account Number: _____

and the remainder into Checking Account Number: _____

I hereby authorize:

- Above listed entity to initiate deposit of my funds to my Central Minnesota Credit Union checking and/or savings account(s).
- Central Minnesota Credit Union to credit entries to my account(s).
- This authorization to remain in effect until I send written notice of change or cancellation.

Thank you.

Signature: _____

Date: _____



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