

Direct Deposit Authorization

Complete this form and submit it to your employer to begin enjoying direct deposit, or change an existing direct deposit arrangement.

Personal Information

Name: _____ Social Security No: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Work Phone: _____

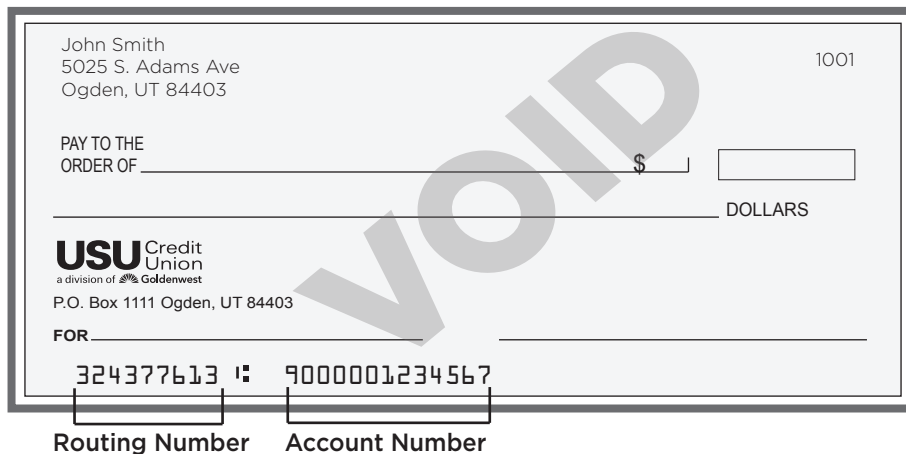
Account Information

Credit Union: **Goldenwest Credit Union**

Routing Number: **324377613**

Account Number: _____

Account: **Checking** **Savings**



Deposit Information

Effective: Immediately Entire Net Pay
 Beginning on: _____ Dollar Amount: _____

Authorization: x _____