



900 North Jackson Street ♦ Green Bay, Wisconsin 54302 ♦ 920-432-9044 ♦ Fax 920-432-5050

## DIRECT DEPOSIT AUTHORIZATION

THIS AUTHORIZATION MAY BE REVOKED AT ANY TIME WITHOUT PENALTY

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Credit Union Account Number \_\_\_\_\_

Name of Company \_\_\_\_\_

Direct Deposit to be applied as follows: Total Amount: \_\_\_\_\_

Amount: \_\_\_\_\_ Share Account: \_\_\_\_\_

Amount: \_\_\_\_\_ Share Account: \_\_\_\_\_

Amount: \_\_\_\_\_ Share Account: \_\_\_\_\_

Amount: \_\_\_\_\_ Share Account: \_\_\_\_\_

Amount: \_\_\_\_\_ Loan Account: \_\_\_\_\_

Amount: \_\_\_\_\_ Loan Account: \_\_\_\_\_

Amount: \_\_\_\_\_ Loan Account: \_\_\_\_\_

Amount: \_\_\_\_\_ Loan Account: \_\_\_\_\_

I am paid:      Weekly      Biweekly      Semimonthly      Monthly

### DIRECT DEPOSIT AUTHORIZED UNTIL REVOKED

I understand that this authorization may be revoked at any time without penalty. I understand that I must terminate my direct deposit by the same method in which it began.

### CREDIT OF DIVIDENDS (NOT APPLICABLE TO LOANS)

I understand and agree that dividends will not accrue on my direct deposit until the direct deposit has been deposited to my account(s) as indicated above.

\_\_\_\_\_  
(Signature of Member)  
Rev. June 2010

\_\_\_\_\_  
(Date)