



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 John Abcdefg

Social Security # XXX-XX-XXXX

Credit Union Account Number XXX12

Name of Company XYZ Company

Direct Deposit to be applied as follows:

Total Amount: \$500.00

Amount: \$100.00

Share Account: XXX12.1

Amount: \$300.00

Share Account: XXX12.120

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

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

Amount: \$100.00

Loan Account: XXX12.600

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.

**John ABCDEFG**

**6/11/2010**

(Signature of Member)  
Rev. June 2010

(Date)