



DIRECT DEPOSIT AUTHORIZATION

Information

For Elevate Credit Union Member Use Only. Complete this form and submit to your employer (or to whoever will be making payments to you to start using Direct Deposit or to change an existing Direct Deposit arrangement. Please make sure all your personal information is correct and keep a copy for your records.

Personal Information

Name: _____

Social Security Number: _____ Employee Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Account Information

My credit union is: **ELEVATE CREDIT UNION**

Account Type: Checking Savings

Routing Number: **324376818**

Account Number: _____

Deposit Information

Effective: Immediately

Amount: Entire Net Pay

Beginning on: _____

_____% of Net Pay

Specific Dollar Amount: \$ _____

Authorization

To Employer/Payor Name: _____

I authorize the above Employer/Payor to initiate credit entries and, if necessary, to initiate any debit entries and adjustments to correct any erroneous entries for Direct Deposit of above payroll/other amount to my above-listed account at Elevate Credit Union, on a recurring basis until I notify you in writing that I revoke this authorization.

Signature: _____ Date: _____

CLEAR

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