



# 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: \_\_\_\_\_

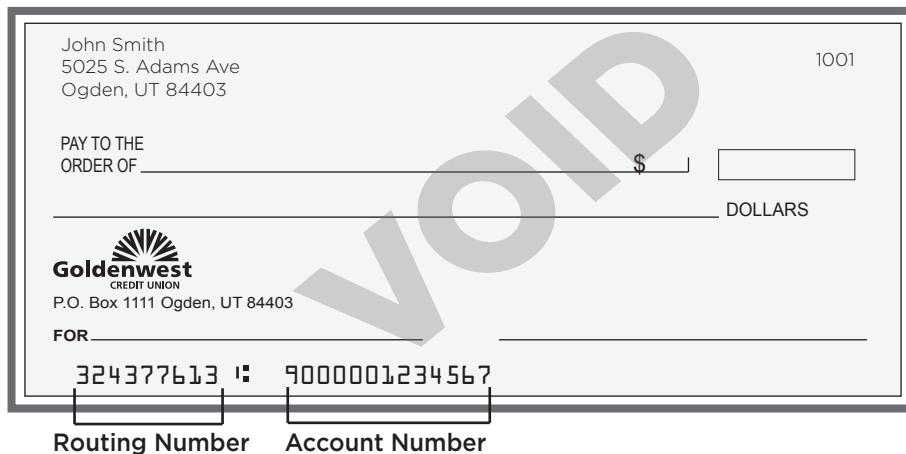
## Account Information

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 \_\_\_\_\_

