

MEMBERSHIP - NON-WILLIS EMPLOYEE

DIRECT DEPOSIT AUTHORIZATION

Employee SSN: ____ - ____ - ____

Office No: ____

Employee's Full Name: _____

Financial Institution: **Willis Credit Union** Branch: **Main**

I authorize _____ and the financial institution listed above to deposit my net pay automatically to my account(s) each payday. If funds to which I am not entitled are deposited to my account(s), I authorize _____ to direct the Financial Institution to return said funds. This authority will remain in effect until I have canceled direct deposit in writing.

Signature _____

Date _____

ACCOUNT INFORMATION: _____ Permits employees to direct deposit into a maximum of _____ accounts.

ACCOUNT 1

Account Type: 32 (Savings)
ABA Routing Number: 2 / 6 / 4 / 0 / 8 / 1 / 1 / 2 / 4 /
Account Number: / / / - / / / - / / / /
Amount: \$ / / / / / / / / OR
Percent: / / / %

ACCOUNT 2

Account Type: 22 (Checking)
ABA Routing Number: 2 / 6 / 4 / 0 / 8 / 1 / 1 / 2 / 4 /
Account Number: / / / - / / / - / / / /
Amount: \$ / / / / / / / / OR
Percent: / / / %

ACCOUNT 3

Account Type: _____
ABA Routing Number: 2 / 6 / 4 / 0 / 8 / 1 / 1 / 2 / 4 /
Account Number: / / / - / / / - / / / /
Amount: \$ / / / / / / / / OR
Percent: / / / %

If this is a Willis Credit Union account, contact the credit union directly for ACH/EFT/ Direct Deposit/Payroll Distribution.