

Direct Deposit Authorization

Note: Your employer may have a Direct Deposit form you should use. If not, this form is provided for your convenience. Information needed by your employer. Please complete all the requested information.

Employee Name: _____

Employee Number (if applicable): _____

Social Security Number: _____ - _____ - _____

E-mail Address: _____

Phone Number: (____) _____

I hereby authorize my employer, _____ to make the following payroll deposit into my account at:

Meriwest Credit Union Routing/ABA Number: 321176833

- Please send the direct deposit of my net check to account number: _____
- Please send a payroll deduction of \$ _____ per pay period to account number: _____
- Please allocate my payroll deduction each pay period as follows:

Account Number*	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	Amount
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Total:			\$ _____

* To find your checking account number, please refer to the line of digits at the bottom of your checks. Use the 10-digit number at the bottom of your check.

- Please cancel my net check deposit
- Please cancel my payroll deduction

Signature _____

Date _____

If opening the account through the mail, enclose this completed form with your membership application and mail to:

Meriwest Credit Union
P.O. Box 530953
San Jose, CA 95153-5353

Visit Meriwest online at www.meriwest.com or call **877-MERIWEST (877-637-4937)**

Your savings federally insured to at least \$250,000, and backed by the full faith and credit of the United States Government by the National Credit Union Administration, a U.S. Government Agency. We do business in accordance with the Federal Fair Housing Law and Equal Credit Opportunity Act.

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