CONSUMERS CREDIT UNION
The people in your corner.

Direct Deposit Authorization Form

MEMBER / EMPLOYEE INFORMATION

Full legal name*

Employee / member ID

Phone number*

Email address*

Street address

City

State

ZIP

FINANCIAL INSTITUTION INFORMATION

Financial institution **Consumers Credit Union**
300 N. Field Drive, Lake Forest, IL 60045

Routing number **271989950**

Account holder name*

Account number*

Account type* ○ Checking ○ Savings

DEPOSIT INSTRUCTIONS

○ Deposit entire net pay ○ Fixed amount: $ ○ Percent: %

SUPPORTING DOCUMENTATION - ONLY ONE DOCUMENT IS REQUIRED

○ Voided check attached ○ Bank letter attached ○ Account verification attached

AUTHORIZATION

I authorize the employer or organization receiving this form to initiate direct deposits to the account identified above. I certify that the information provided is accurate and that I am authorized to use this account. This authorization remains in effect until I provide written notice of change or cancellation, subject to applicable processing time.

Typed signature*

Date*