



Direct Deposit Authorization

Date: _____ Social Security Number: _____

Employee Name: _____

Name of Employer: _____

Employer Address: _____

New Financial Institution: **First Nebraska Educators & Employee Groups CU**
10655 Bedford Ave., Omaha, NE 68134

New Financial Routing Number: 304083008

New Financial Account Number: _____

(If unknown, please contact First Nebraska Educators)

Effective Deposit Start Date: ____ / ____ / ____

Account Type: Savings*

I hereby authorize and request the employer (named above) to deposit the amounts indicated and deposit these funds at First Nebraska Educators for each payroll period following receipt of this Authorization until further notice from me. If this is a change in a previous authorization, I instruct my Employer to cancel my previous Authorization and to follow this Authorization.**

Signature: _____ Date: _____

Print Name: _____

* Contact First Nebraska Educators Credit Union for distribution to your checking account or other credit union account.

** Your employer may require you to complete their own Direct Deposit form and/or include a voided check for the account to which the funds will be deposited to.

