



## Direct Deposit/Payroll Deduction Form

Date: \_\_\_\_\_

Employer: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Employee's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Direct Deposit (entire amount of paycheck)

Payroll Deduction (specified amount) Amount:\$ \_\_\_\_\_

Service First Account #: \_\_\_\_\_ Select One: Checking Savings

Service First FCU Routing #: 291479903

The Business Office of the above employer is hereby authorized, instructed, and empowered to deduct the sum listed above each month until notice of change or termination of the direct deposit and/or payroll deduction authorization is given at the time and in the manner specified in the agreement between the above employer and Service First FCU – Sioux Falls, SD.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

\*Some companies may require a voided check.