

direct deposit authorization



NEW / CHANGE

CANCEL

Name

Social Security Number

Employer

(_____)_____
Work Phone Number

Financial Institution Information: UMe Credit Union
3000 W. Magnolia Blvd.
Burbank, CA 91505
t 818) 238.2900

Account Number / Type: _____ Checking Savings

I hereby authorize the above named Employer and/or their agents, to initiate electronic deposits and, as necessary, debit corrections to previous deposits, to the above account. This authorization replaces any previously made by me and is to remain in effect until changed or cancelled by submission of a new Direct Deposit Authorization form.

Signature

Date

Please attach a voided check showing the UMe Credit Union routing number and account number.

ATTACH VOIDED CHECK HERE

▼ area below is for employer use only

UMe Credit Union Routing Number									
3	2	2	2	7	4	1	3	2	

EMPLOYEE DEPOSIT ACCOUNT NUMBER														

input by: _____ date: _____