

DIRECT DEPOSIT



Authorization

Send the direct deposit authorization form to the company making the direct deposit. For your payroll direct deposit, please give this form to your Human Resources department.*

LAST NAME FIRST NAME

STREET ADDRESS CITY STATE ZIP

WORK PHONE HOME PHONE

SOCIAL SECURITY NUMBER

EMPLOYER'S NAME PHONE NUMBER EMPLOYEE ID NUMBER OR DEPARTMENT

GRAND RAPIDS FAMILY CREDIT UNION ACCOUNT NUMBER

272480649 CHECKING SAVINGS \$
ROUTING & TRANSIT NUMBER. TYPE OF ACCOUNT AMOUNT OF DIRECT DEPOSIT

FINANCIAL INSTIUTION NAME

CHECKING SAVINGS \$
ROUTING & TRANSIT NUMBER. TYPE OF ACCOUNT AMOUNT OF DIRECT DEPOSIT

Please Check One:

- A new authorization for direct deposit.
Not currently using direct deposit.
- Please change my existing authorization
Transfer automatic payment from my previous
bank to Grand Rapids Family Credit Union.

SIGNATURE DATE

*You should use one form for each company. Please make additional copies as needed.