



Sheboygan
Area Credit
Union

Authorization Agreement for Direct Deposit

Please review and complete the following information.
Return this form to your employer's human resources office.

Direct Deposit Authorization:

Name:	Social Security Number:	
Address:		
City:	State:	Zip:
Company Name:	Company Address:	
Company City:	State:	Zip:
Deposit instructions:		

Deposit entire amount to Checking Account: Share Type:

Deposit \$ _____ to Savings Account: Share Type:

and the remainder to Checking Account: Share Type:

Sheboygan Area Credit Union
1707 Indiana Ave
Sheboygan, WI 53081
Routing/Transit number: 275981828

I hereby authorize:

- Above listed entity to initiate deposit of my funds to my Sheboygan Area Credit Union checking or savings account.
- Sheboygan Area Credit Union to credit entries to my account(s).
- This authorization to remain in full force and effect until I send a written notice of change or cancellation.

Signature: _____ Date: _____