



Authorization Agreement for Direct Deposit

Company/Employer Name

I authorize the above **Company/Employer** to deposit my net payroll on each pay period to my Belle River Community Credit Union account listed below.

Checking*

Savings

Credit Union Name	
Belle River Community Credit Union	
Routing Number	Account Number
272484108	

Please use the following information and signature as authorization. Please contact me with any questions or concerns regarding this request.

Printed Employee Name (FIRST/MIDDLE/LAST)	Employee Identification Number (IF APPLICABLE)		
Street Address	City	State	Zip
Daytime Phone Number	Social Security Number		
Signature			Date

Staple a VOIDED Belle River Community Credit Union check to this completed form and mail/deliver to your company's payroll department