



Direct Deposit Authorization Form

EMPLOYEE'S AUTHORIZATION
(Please fill out and return to your Payroll Department)

I _____ authorize you as my employer and Credit Union of the Rockies to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

Checking Account Savings Account (select one)

In the amount of \$_____ each pay period. **OR** entire paycheck amount (select one)

This authority will remain in effect until I have cancelled it in writing with the Payroll Department.

Credit Union of the Rockies
FINANCIAL INSTITUTION

1000
ACCOUNT NUMBER (at CU of the Rockies)

Golden
CITY

Colorado
STATE

SIGNATURE

DATE

Credit Union of the Rockies Routing and Transit Number

307076232

Member Account Number Information
Please use 13 digits for ACH

If account is 7 digits – example 1000123456760

If account is 5 digits – example 1000001234560

If account is 4 digits – example 1000000123460

Savings account change last 2 digits to 01 instead of 60

MAIN: 303-273-5200 • TOLL FREE: 800-344-9385 • FAX: 303-216-4200

