

Direct Deposit Authorization Form

EMPLOYEE'S AUTHORIZATION

(Please fill out and return to your Payroll Department)

I authoriz	ze you as my employer and Credit Union of the Rockies to initiate
electronic credit entries, and if necessary, debit er	atries and adjustments for any credit entries in error to my:
☐ Checking Account ☐ Savings A	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 ca	incelled it in writing with the Payroll Department.
Credit Union of the Rockies	1000
FINANCIAL INSTITUTION	ACCOUNT NUMBER (at CU of the Rockies)
Golden	Colorado
CITY	STATE
SIGNATURE	DATE
Credit Union of the Rockies Routing and Transit	
307076232	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
MAINI- 707-277-5200 - T	OLL FREE: 800-344-9385 • FAX: 303-216-4200
MAIN: 505-275-5200 • 1	OLL FREE, 000-344-9385 FAX: 303-210-4200



