



# 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:

<b>Name:</b>	<b>Social Security Number:</b>	
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Company Name:</b>	<b>Company Address:</b>	
<b>Company City:</b>	<b>State:</b>	<b>Zip:</b>

## Deposit instructions:

Deposit entire amount to Checking Account: \_\_\_\_\_ Share Type: \_\_\_\_\_  
Deposit \$ \_\_\_\_\_ to Savings Account: \_\_\_\_\_ Share Type: \_\_\_\_\_  
and the remainder to Checking Account: \_\_\_\_\_ Share Type: \_\_\_\_\_

**RBCU**  
345 East 77th Street  
Richfield, MN 55423  
Routing / Transit Number: # **2910-7545-9**

### I hereby authorize:

- Above listed entity to initiate deposit of my funds to my RBCU checking or savings account.
- RBCU 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: \_\_\_\_\_