Gi a a]hF]X[Y Credit Union Direct Deposit Form

Please complete the direct deposit form and forward it to your payroll department for faster processing

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Authorization Code: New Change Cancel									
I authorize you and Summit Ridge Credit Union to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:									
and if necessa	ry, debit entri	ies and a	djustm	ents f	or any	y cre	edit entrie		
Checking Account #] \$	
								<u> </u>	
Savings Account #						Т]\$	
								<u> </u>	
each pay period. This authority will remain in effect until I have cancelled it in writing.									
Financial Institution Information							Account Holder Information		
Financial Institution: Summit Ridge Credit Union							Name (Please print):		
Address: 3845 NE Powell Road							SS#:		
City, State, Zip: Lee's Summit, MO 64064							Signature:		
Employer Name:						Di	Date:		
Address:									
City, State, Zip:									
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TRANSIT ROUTING NUMBER (ABA)									
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