



Direct Deposit
ENROLLMENT

Complete this form and submit it to your employer (or other depositing institution). Your company may have additional forms for you to complete. Please make sure that all of the information is correct, and print and keep a copy for your records.

Select One Checking Account Savings Account

Select One My Total Net Pay The set amount of
 Percent of my net pay

Employee Name: _____

Employer Name: _____

Social Security #: _____

Account/MICR #: _____

Transit/Routing #: 324173082

I authorize the above Employer/Payor to initiate credit entries (as specified above) and, if necessary, any debit entries to correct any erroneous deposits of the above payroll/other amount to my account specified at East Idaho Credit Union, on a recurring basis. This will remain in effect until I notify you in writing that I revoke this authorization.

Name: _____

Signature: _____

Date: