## **Direct Deposit Authorization**



Ready to make your banking easier? Enjoy seamless transfers between accounts and get easy access to your money when you set up direct deposit.

Log in to Digital Banking to get started or provide this form to your employer or benefits agency to have your check deposited directly into your account.

| Account Owner Information               |                                |   |                         |  |
|---|--------------------------------|---|-------------------------|--|
|   |                                |   |                         |  |
| First Name                              | Middle Name                    |   | Last Name               |  |
|   |                                |   |                         |  |
| Address                                 |                                |   |                         |  |
|   |                                |   |                         |  |
| City                                    | State                          |   | Zip                     |  |
| Pay to the order of                     | <u>араготрана</u><br>302075128 | nature VOID                             | VOID<br>account number) |  |
| 302075128                               |                                |   |                         |  |
| Credit Union of Colorado Routing Number |                                | Credit Union of Colorado Account Number |                         |  |

**Authorization:** I hereby authorize my employer to direct deposit the funds set forth above to my Credit Union of Colorado account for each payroll period following receipt of this Authorization. This Authorization will remain in effect until further notice from me. If this is a change to a previous Authorization, I instruct my employer to cancel my previous Authorization and to follow this Authorization. All distribution of these funds is handled by the Credit Union. If I fail to cancel this Authorization upon filing bankruptcy, my employer and the Credit Union are directed to make and apply deductions in accordance with this Authorization.

Signature

Date

## Please return this form to your employer to begin Direct Deposit.