

Direct Deposit Authorization

Complete, print, and return to your processor. (i.e. employer's payroll, retirement, or other miscellaneous disbursements)

1180 Crawford Ave, Colorado Springs, CO 80911

P:719-392-8439 • F:719-392-2367 • staff@sd3fcu.org • www.sd3fcu.org

Complete this form and submit it to your employer (or to whomever will be making payments to you) to start using Direct Deposit, or change an existing Direct Deposit arrangement. Please make sure that all your personal information is correct, and keep a copy for your records.

Personal Information

Name		Social Security Number or Employee Number (If applicable)	
Street Address			
City	State	Zip	Email Address
Home Phone	Work Phone	Mobile Phone	

Account Information

My Credit Union is School District 3 Federal Credit Union	Bank Routing Number 307077464
Checking Account Number (10 digit account number, as shown on bottom of check.) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Savings Account Number (Member number) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**This form is in lieu of a voided check for
the aforementioned account. If more
information is required, please call
719-392-8439
Weekdays 8:00 AM - 5:30 PM
Saturdays 8:00 AM - 12:00 PM**

Deposit Information

Effective: Immediately Amount: Entire Net Pay
 Beginning on: % Of Net Pay
 Specific dollar amount: \$

Effective Date & Amount is subject to you Employer/Payer agreement and policies.

Employer/Payer Name

I authorize to initiate credit entries and, if necessary, to initiate any debit entries and adjustments to correct any erroneous credit entries for Direct Deposit of above payroll/other amount to my above account at School District 3 Federal Credit Union, on a recurring basis until I notify you in writing that I revoke this authorization.

Signature _____ Date _____