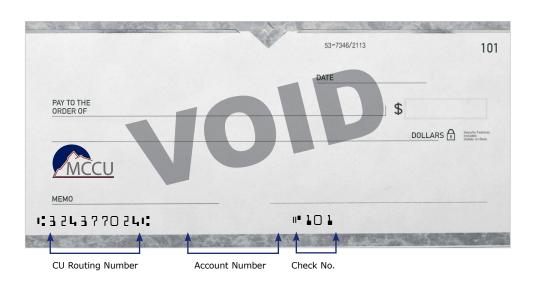
Direct Deposit Authorization



DELTA BRANCH435-864-4411/800-845-5823 **FILLMORE BRANCH**435-743-6545
millardccu.com

Complete this form and sign. Submit to your employer (or to whomever will be making payments to you) to start using Direct Deposit, or to change an existing Direct Deposit arrangement. You may verify your deposit using Online Banking.

MEMBER INFOR	MATION				1	
Member Name		Member Number	Social Security Number	Date State ZIP		
Primary Phone Secondary Phone		Address	City			
MEMBER'S EMPI	LOYER INFORMATION				2	
Employer Name		Address	City	State ZIP		
INFORMATION	ABOUT THE DIRECT D	EPOSIT			3	
Deposit Check to:	Checking Account Checking Account Number or Savings Account Savings Account Savings Account Number					
Deposit Amount:	Net Check or \$	iount				
Routing Information	n: Millard County Credit	Union • 45 South Main • Fillmore, l	JT 84631 • ROUTING NUMBER 32	4377024		
ACKNOWLEDGM	1ENT				4	
account at Milla			nd, if necessary, debit entries and asis. This authorization will remai	-		
Member Signature		 Date				



OFFICE				5
USE				_
	Authorized by (Employee Name)	ID Number	Employee Signature	