



www.superiorcu.org

direct deposit authorization form

Member Information:

Name: _____ Social Security Number: _____

Account Number: _____

☐ Savings

☐ Checking

Deposit: ☐ Entire Paycheck ☐ % of Paycheck _____ ☐ \$Amount _____

Superior Credit Union ABA 231380159

Authorization


To Employer/Payor Name: _____


I authorize the above Employer/Payor 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 Superior Credit Union, on a recurring basis until I notify you in writing that I revoke this authorization.

Signature: _____ Date: _____



DATE _____

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS  Security Features Included. Details on Back.



MEMO _____

 231380159 

routing/ABA number

account number