



Authorization Agreement for Premier Credit Union Direct Deposit

Please review and complete the following information.
Return this form to your employer's human resources office.

Direct Deposit Authorization:

Name:

Social Security Number:

Address:

City:

State:

Zip:

Company Name:

Company Address:

Company City:

State:

Zip:

Deposit instructions:

Deposit entire amount to Checking account #:

Deposit \$ _____ to Savings account #:

and the remainder to Checking account # _____

Premier Credit Union
1212 W. Northwest Hwy
Palatine, IL 60067-1897
Transit/ABA# 2719-8898-0

I hereby authorize:

- Above listed entity to initiate deposit of my funds to my Premier Credit Union checking or savings account.
- Premier Credit Union to credit entries to my account(s).
- This authorization to remain in full force and effect until I send a written notice of change or cancellation.

Signature: _____ Date: _____

NOTE: FOR VERIFICATION PURPOSES
ATTACH A VOIDED PREMIER CREDIT UNION CHECK IN THIS AREA