

DIRECT DEPOSIT AUTHORIZATION



Note: Check with the company to make certain no other information or specific form is necessary to complete the change of your direct deposit to your new checking account. If this form is acceptable, attach a preprinted voided check from your new account to this form and provide it to the company.

DIRECT DEPOSIT AUTHORIZATION:

COMPANY NAME			
COMPANY ADDRESS	CITY	STATE	ZIP

Please change the account used for Direct Deposit to my new account:

FIRST NAME	MIDDLE INITIAL	LAST NAME	
ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	SOCIAL SECURITY NUMBER		

My new account information:

ARCHER CREDIT UNION
510 G St | PO Box 284
Central City NE 68826-0284

Account Type: Checking | Savings

Account #: _____ **Routing #:** 304987191

I hereby authorize:

- The company listed above to initiate deposit of my funds to my Archer Credit Union checking and/or savings account(s).
- The payee/company listed above to make any necessary adjustments for any debit made to my account in error.
- Archer 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

*For checking accounts, attach a pre-printed voided check from your new checking account to this form and provide it to the company. **Tip:** Don't have checks for your new account? No sweat! Contact a Member Services Representative for a pre-printed counter check.