

DIRECT DEPOSIT AUTHORIZATION FORM

Fill in the information below, sign and date the form and submit the completed form to your employer's human resources department.

Name: _____

Address: _____

City, State, Zip: _____

Name of Financial Institution: Alpena Alcona Area Credit Union

Account #: _____ 9-Digit Routing #: 272476433

Amount: \$ _____ _____% or Entire Paycheck

Type of Account (Check One): Checking Savings

By signing this agreement, I authorize _____ to initiate credit entries to the account indicated above for the purpose of expense and/or payroll. I also authorize _____ to initiate, if necessary, debit entries and adjustments to credit entries made in error.

Signature: _____ Date: _____

HOW TO COMPLETE THIS FORM

- (1) Fill in all information above. (2) Sign and date the form.

The image shows a check from John Jones at 124 Main Street, Anywhere, MA 02345. The check is dated and payable to the order of a blank line. The amount is indicated by a blue box and the word 'Dollars'. A large 'EXAMPLE' watermark is overlaid on the check. Three callouts point to specific numbers: '123456789' is labeled as the '9 digit Routing Number', '1234567891011' is labeled as the 'Account Number (1-17 digits)', and '0259' is labeled as the 'Check Number (do not include)'.