



Direct Deposit Authorization

give this form to your employer

[Reset Form](#)

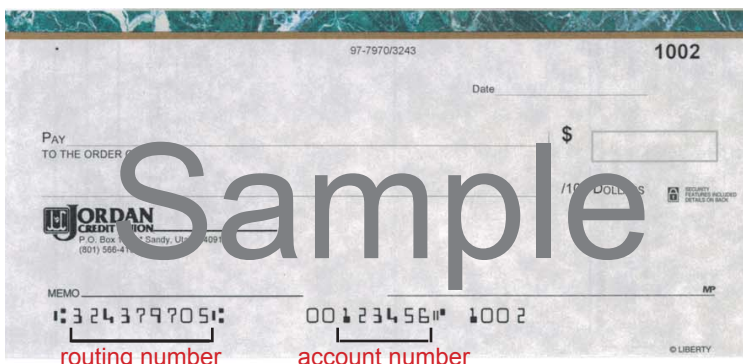
To change or add a new automatic deposit, please complete this form and submit it to your employer (or to whomever will be making payments to you using Direct Deposit (automatic depositing)).

Personal Information

Member Name:	<input type="text"/>		
Social Security Number:	<input type="text"/>	Employee Number (if applicable):	<input type="text"/>
Address:	<input type="text"/>		
Address 2:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip:	<input type="text"/>
Home Phone:	<input type="text"/>	Work Phone:	<input type="text"/>

Jordan Credit Union (JCU) Account Information

Account Number:	<input type="text"/>	Account Type:	<input type="text"/>	JCU Routing Number:	324379705
-----------------	----------------------	---------------	----------------------	---------------------	-----------



Employer Authorization

To Employer/Payer Name:	<input type="text"/>
-------------------------	----------------------

I authorize the above mentioned employer/payer to make necessary credit/debit transactions to my Jordan Credit Union Account on a recurring basis for depositing payments or making adjustments/corrections that are payroll related until I notify in writing that I cancel this authorization.

Member Signature:	<input type="text"/>	Date:	<input type="text"/>
-------------------	----------------------	-------	----------------------