



Authorization Agreement for Direct Deposit

Please Review and Complete the following information.
Return this Form to your Employer's Human Resources Department.

Direct Deposit Authorization:

Name: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Direct Deposit Instructions:

Account# _____ Deposit entire Amount to: Checking Savings

Deposit \$ _____ to: Checking Savings

My Credit Union's Direct Deposit Information:

Northern Lights Credit Union
1004 Memorial Drive
St. Johnsbury, VT 05819
Routing #: 211691457
Phone: 802-748-2288

I Hereby Authorize:

The Above Listed Entity to Initiate Deposits of my Funds to my Northern Lights Credit Union Account.
Northern Lights Credit Union to Credit Entries to my Account. This Authorization to Remain in Effect Until I send
Notice to Change of Cancellation.

Signature: _____ Date: _____