



UNITED LABOR CREDIT UNION

Complete this form and provide it to each company that initiates deposits directly into your account(s).

Employer and/or Company Information:

Name _____

Address _____

Personal information:

Name _____

SSN and/or Employee Number _____

Street Address _____

City, ST ZIP _____

Daytime Phone _____

NEW Direct Deposit Information:

United Labor Credit Union
6320 Manchester Ave., Suite 41-C
Kansas City, MO 64133
Routing Number: 301089047
Phone: (816) 313-2848
Reference Acct. No. _____

Please deposit my payroll according to the following:

- Savings Account No. _____
 - Net Pay \$ _____ per period
- Checking Account No. _____
 - Net Pay \$ _____ per period

I hereby authorize the above named to deposit my net pay-check or other distribution as indicated above. This request is to remain in effect until changed by me in writing. I agree that any funds erroneously deposited into my account in excess of any authorized amount or then current salary may be withdrawn without liability or prior notice. If this form is not sufficient for automatic payments, please forward authorized company form for my signature.

Authorized Signature

Date

Please maintain a balance in your account(s) to cover any outstanding debits and credits. United Labor is not responsible for overdraft charges incurred for insufficient funds at your current financial institution.

[USE THIS FORM FOR ANY DIRECT DEPOSITS MADE INTO YOUR UNITED LABOR CREDIT UNION ACCOUNT/S. PROVIDE THIS COMPLETED FORM TO YOUR EMPLOYER OR ANY OTHER INITIATOR OF YOUR ELECTRONIC DEPOSITS.]