



## Authorization Agreement for Direct Deposit

Please review and complete the following information.  
Return this form to your employer's human resources office.

### Direct Deposit Authorization:

Name:

Social Security Number:

Address:

City:

State:

Zip:

Company Name:

Company Address:

Company City:

State:

Zip:

### Deposit instructions:

Deposit entire amount to Checking Account Number:

Share Type:

Deposit \$ \_\_\_\_\_ to Savings Account Number:

Share Type:

and the remainder to Checking Account Number:

Share Type:

Maroon Financial Credit Union  
5801 S. Ellis Avenue, Suite 5, Chicago, IL 60637  
Transit/ABA# 271081560

### I hereby authorize:

- Above listed entity to initiate deposit of my funds to my Maroon Financial Credit Union checking or savings account.
- Maroon Financial 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: \_\_\_\_\_