



## DIRECT DEPOSIT AUTHORIZATION

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

### Company Information

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### Employee Information

Name: \_\_\_\_\_ Employee ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### Financial Institution & Deposit Information

I wish to have my payroll deposited to: **River Valley Credit Union**

Address: 505 Earl Boulevard Routing Number: 242278713

City: Miamisburg State: Ohio Zip: 45342 Phone: 937-859-6260

Type of Account:  Savings Account Number: \_\_\_\_\_ - \_\_\_\_\_ Amount (\$) or %: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_ - \_\_\_\_\_ Amount (\$) or %: \_\_\_\_\_

I hereby authorize my employer to initiate credit entries and, if necessary, debit entries and adjustments for any entries made in error to my account(s). This authority is to remain in full force until my employer has received written notification from me of its termination in such timely manner as to afford my employer and River Valley Credit Union a reasonable opportunity to act on it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_