Direct Deposit Form

Please review and complete the following information. Upon completion, return this form to your employer's payroll department.

Direct Deposit Authorization

Name:_____SSN:_____

Address:_____City:_____State:_____Zip:_____

Company Name: _____

Company Address:_____City:_____State:_____Zip: _____

Deposit Instructions

☐ Deposit entire amount into:

- ☐ Savings Account Number: _____
- ☐ Checking Account Number: _____

☐ Deposit partial amount into:

- ☐ Savings Account Number:_____Amount:_____
- ☐ Checking Account Number:_____Amount:_____
- ☐ Other Account Number:_____Amount:_____
- ☐ Other Account Number:_____Amount:_____
- ☐ Other Account Number:_____Amount: _____

Ignite Credit Union 115 Riverside Drive, Battle Creek, MI 49015
Routing/Transit Number: 272476776

Signature

I hereby authorize:

- The above entity to initiate credit or debit entries, if necessary, to correct any credit entries made in error, to my checking or savings account at Ignite Credit Union.
- Ignite Credit Union to credit and/or debit entries to my account(s).
- This authorization form to remain in full force and effect until I send a written notice of change or cancellation.

Signature:_____**Date:** _____