

Authorization for Direct Deposit Initiation

Please tab through fields to enter information.

Use this form to set up direct deposit from your old account(s) to your new **KU Credit Union** account(s). This may include deposits for payroll, social security, etc. Send this form to your direct deposit source.

Direct Deposit Authorization:

Name: Social Security Number:

Street Address:

City: State: Zip:

Company Name: Company Address:

Company City: State: Zip:

Deposit Instructions:

Deposit entire amount to Checking account #:

Deposit to Savings account #:

and the remainder to Checking account #

KU Credit Union
P.O. Box 1358
Bartlesville, OK 74005
Transit/ABA#: 303184652

I hereby authorize:

- Above listed entity to initiate deposit of my funds to my **KU Credit Union** checking or savings account.
- **KU 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.

(Your Signature)

(Date)