



DIRECT DEPOSIT AUTHORIZATION FORM

MEMBER Please print in ink or type.

FIRST NAME	LAST NAME	MI
STREET ADDRESS		
CITY	STATE	ZIP
SOCIAL SECURITY NUMBER	EMPLOYEE NUMBER (IF APPLICABLE)	
HOME PHONE	WORK PHONE	
E-MAIL ADDRESS		

Please deposit the specified amount to the following account number(s):

Financial Institution: AZURA CREDIT UNION Routing/Transit Number: 301179737
P.O. Box 1128
Topeka, Kansas 66601-1128

Savings Account # _____ Checking Account # _____ Net Pay
_____ per pay period _____ per pay period

I hereby authorize _____ to honor the direct deposit instructions indicated above. This request is to remain in effect until changed by me, in writing, by submission of a new Direct Deposit Application. I also agree that, in consideration of this service, any funds erroneously deposited in my account(s) in excess of my authorized amount, or then current salary entitlement, may be withdrawn by _____ without liability or prior notice.

X _____
MEMBER'S SIGNATURE

DATE

EMPLOYEE SIGNATURE
X
EMPLOYEE PRINTED NAME
DATE

FOR CREDIT UNION USE ONLY
DATE _____
EMP _____

