

Direct Deposit Request

Member Name _____

Address _____

Phone Number _____

City, State, Zip _____

Type of Depositor Account

Checking Account Number _____

Savings Account Number _____

Member/Joint Member Certification

I certify that I am entitled to the payroll payment from my employer. In signing this form, I authorize my payment to be sent to Extra Credit Union to be deposited to the designated account.

Primary Member Signature

Date ____/____/____

Joint Member Signature

Date ____/____/____

Extra Credit Union Certification

I confirm the identity of the above named member and the account number. As representative of the above named financial institution, I certify that Extra Credit Union agrees to receive and deposit the payment identified above.

Print Name

Signature of Representative

Date ____/____/____

Extra Credit Union
6611 Chicago Road
Warren MI 48092
Routing/ABA Number: **2724-7743-2**