



P.O Box 310  
Kulm, ND 58456  
647-2448

P.O. Box 230  
Ashley, ND 58413  
288-3439

P.O Box 225  
Hazelton, ND 58544  
782-6841

109 North McDougall Dr. #5  
Lincoln, ND 58504  
751-1613

## Authorization For Direct Deposit

Member Name: \_\_\_\_\_ Account Number \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Employer: \_\_\_\_\_  New Authorization  Change

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

Employer Phone Number: \_\_\_\_\_

Payroll Schedule:  Weekly  Bi-Weekly  Monthly

I authorize direct deposit of my **entire** paycheck with the following allocation:

\$ \_\_\_\_\_ to checking \$ \_\_\_\_\_ to savings \$ \_\_\_\_\_ to loan \_\_\_\_\_

\$ \_\_\_\_\_ to holiday savings \$ \_\_\_\_\_ to other: \_\_\_\_\_

I authorize the **partial** payroll deduction of \$ \_\_\_\_\_ with the following allocation:

\$ \_\_\_\_\_ to checking \$ \_\_\_\_\_ to savings \$ \_\_\_\_\_ to loan \_\_\_\_\_

\$ \_\_\_\_\_ to holiday savings \$ \_\_\_\_\_ to other: \_\_\_\_\_

I would like to cancel my Hometown Credit Union Direct Deposit

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date