RelyOn credit union

DIRECT DEPOSIT REQUEST

Complete this form, print it out, and deliver to your employer's payroll department for processing.

Authorization Code: ☐ New ☐ Change ☐ Cancel

I authorize you and RelyOn Credit Union to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my:

Checking Account No. _____ $ _____.__

Savings Account No. _____ $ _____.__

each pay period. This authority will remain in effect until I have canceled it in writing.

ACCOUNT HOLDER INFORMATION

First and Last Name _____

SS# _____

Signature _____

Date _____

FINANCIAL INSTITUTION INFORMATION

Financial Institution RelyOn Credit Union

Address 8989 Harry Hines Blvd

City, State, Zip Dallas, TX 75235

EMPLOYER INFORMATION

Employer Name _____

Address _____

City, State, Zip _____

311079500

TRANSIT ROUTING NUMBER (ABA)

STAPLE A VOIDED CHECK HERE