

Direct Deposit Authorization

| 10. | |
|---|---|
| Employer/Company Name | |
| Address | |
| City/State/Zip | |
| Effective on, please begin m Account at: | aking deposits to my Checking/Share |
| SunWest Federal Credit Un Financial Institution | <u>iion</u> |
| 322172506 Routing Number | |
| Please select one account type and p number: | provide the corresponding account |
| ☐ Checking Account: | |
| I hereby authorize you to initiate deposit of m SunWest Federal Credit Union account and I Union to deposit the funds into my account li remain in effect until I send written notice of a | authorize SunWest Federal Credit sted above. This authorization shall |
| Member Signature | - Date |
| Printed Name | SUNWEST CREDIT UNION |