



## Authorization Agreement for MWRD Employees' Credit Union Direct Deposit

Please review and complete the following information.  
Return this form to your employer's payroll department.

### Direct Deposit Authorization:

Name:  Social Security Number:

Address:

City:  State:  Zip:

Company Name:  Company Address:

Company City:  State:  Zip:

### Deposit instructions:

Deposit entire amount to Checking account #:

Deposit \$  to Savings account #:

and the remainder to Checking account #

MWRD Employees' Credit Union  
100 East Erie Street  
Chicago, IL 60611  
Transit/ABA# 271080710

### I hereby authorize:

- Above listed entity to initiate deposit of my funds to my MWRD Employees' Credit Union checking or savings account.
- MWRD Employees' Credit Union to credit entries to my account(s).
- This authorization to remain in full force and effect until I send a written notice of change or cancellation.

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: FOR VERIFICATION PURPOSES  
ATTACH A VOIDED MWRD EMPLOYEES' CREDIT UNION CHECK IN THIS AREA