

DIRECT DEPOSIT REQUEST

Employer _____

Name _____ Employee Number _____

Address _____

City _____ State _____ Zip _____

Phone Numbers: Work (____) _____ Home (____) _____

I hereby request that my payroll check be direct deposited into my account.

(Circle One) Checking Account Savings Account

Account Number _____

(This is the number your financial institution uses for ACH transactions.

Please obtain this number from your financial institution.)

Financial Institution Name SOO LINE CREDIT UNION

American Banker Association ID Number (routing number) 291075022

Address 501 MARQUETTE AVENUE, SUITE 1100

City MINNEAPOLIS State MN Zip 55402

(Please attached a personalized micro encoded blank check, if unable to furnish, please have your financial institution complete this form.)

I confirm that the above information has been carefully checked.

Credit Union Employee *(Please Print)* _____ Date _____

I certify that the above information is correct to the best of my knowledge and is provided so that my payroll check may be direct deposited into my account

Signature _____ Date _____