

# Direct Deposit Authorization



P.O. Box 9002  
West Jordan, UT 84084  
PH: 801-260-7600  
TF: 800-929-7787  
www.cypruscu.com

Complete this form and sign. Submit to your employer (or to whomever will be making payments to you) to start using Direct Deposit, or to change an existing Direct Deposit arrangement. You may verify your deposit using Online Banking.

## MEMBER INFORMATION

1

Member Name \_\_\_\_\_ Member Number \_\_\_\_\_ Date \_\_\_\_\_  
Primary Phone \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## MEMBER'S EMPLOYER INFORMATION

2

Employer Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## INFORMATION ABOUT THE DIRECT DEPOSIT

3

Deposit Check to: Checking Account \_\_\_\_\_ or Savings Account \_\_\_\_\_  
12-Digit Checking Account Number 4 to 6 Digit Savings Acct No.

Deposit Amount: Net Check or \$ \_\_\_\_\_  
Amount

Routing Information: Cyprus Federal Credit Union, P.O. Box 9002, West Jordan, UT 84084 • **ROUTING NUMBER 324377202**

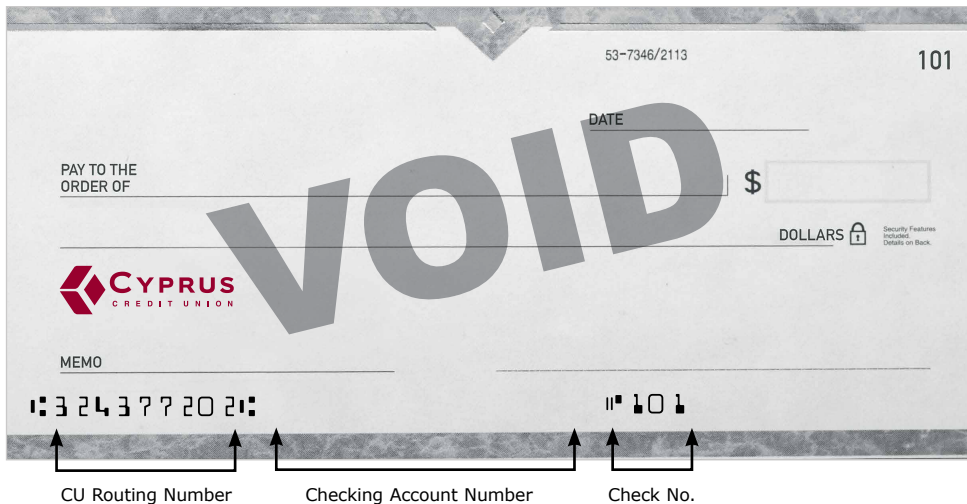
## ACKNOWLEDGMENT

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I authorize the employer listed above to initiate credit union entries and, if necessary, debit entries and adjustments to the account at Cyprus Federal Credit Union listed above on a recurring basis. This authorization will remain in effect until I notify the Credit Union otherwise in writing.

Member Signature \_\_\_\_\_

Date \_\_\_\_\_



OFFICE  
USE  
ONLY

Authorized by (Employee Name) \_\_\_\_\_ ID Number \_\_\_\_\_ Employee Signature \_\_\_\_\_

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