DIRECT DEPOSIT FORM

To change the direct deposit of your paycheck to Horizon Credit Union, simply complete this form and bring it to your employer's payroll office

| MEMBER INFORMATION |
|---|
| Name: |
| Address: |
| City, State, Zip: |
| Phone: |
| Deposit to Account #: |
| PAYROLL Employer Name: |
| Mailing Address: |
| City, State, Zip: Payroll Contact |
| Name: |
| Phone: |
| By completing this Authorization for Direct Deposit, I am authorizing the automatic deposit of my payroll or other funds into my credit union account. This authorization is to remain in effect until the payment originator has received written notification modifying or revoking my authorization. I acknowledge I must allow the payment originator a reasonable opportunity to act on my notification. |
| Member Signature: |
| Date: |



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FEDERALLY INSURED BY NCUA.