Direct Deposit Form

Please complete this form and forward it to our payroll department for faster processing

Authorization Code: ☐ New ☐ Change ☐ Cancel

I authorize you and Jackson City County Credit Union to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

☐ Checking Account # _____ $ _____.__

☐ Savings Account # _____ $ _____.__

each pay period. This authority will remain in effect until I have cancelled it in writing.

Financial Institution Information	Account Holder Information
Financial Institution: Jackson City County Credit Union	Name (Please print):
Address: 2320 Francis Street	SS#:
City, State, Zip: Jackson, MI 49203	Signature:
Employer Name:	Date:
Address:	
City, State, Zip:	

272481554

TRANSIT ROUTING NUMBER (ABA)

STAPLE VOIDED CHECK HERE.