



GLACIER HILLS
your community credit union

Direct Deposit Authorization Form

Please print and complete all the information below.

Name: _____

Address: _____

City, State, Zip: _____

_____ [Company Name] is hereby authorized to directly deposit my pay to the account listed below. This authorization will remain in effect until I modify or cancel it in writing.

Signature: _____ Date: _____

Glacier Hills Credit Union
2150 S Main Street
West Bend, WI 53095

9-Digit Routing Number: 275982526

Account Number: _____

Amount: Entire Paycheck \$ _____ _____ %

Type of Account: Checking Savings