

DIRECT DEPOSIT AUTHORIZATION FORM

13559 Huron Street • Westminster, CO • 80234 (303) 451-1146 • FAX (303) 450-7422 www.HNCU.org

Direct Deposit Account	Information		
 □ Start direct deposit □ Change financial institution to Hor □ Change amount sent to Horizons 	izons North Credit Union		
•			
Company Name:			
Company Address (City, State, Zip Code):			
Type of Deposit			
☐ Employee Payroll	☐ Social Security	☐ Other:	
☐ Supplemental Security Income	☐ Civil Service Retirement		
□ VA Compensation/ Pension	□ Pension		
Member Information			
Member Name:			
Employee or Social Security Number:			
Address(City, State, Zip Code):			
Home Phone #: Ce	ell Phone #:	_ Business Phone #:	
Please note: If you use a P.O. Box, you must also provide a street address.			
Account Information			
CHECK ONE ☐ Checking Account	<u> </u>	U. J. ma Namile One dit Union	
Account Number:		Horizons North Credit Union 13559 Huron Street Westminster, CO 80234 Routing/Transit number: 302075982	
□ Deposit all of my check			
☐ Deposit a portion of my check (specify amount per pay period):\$			
Authorization I berely sufficiency and request my employer to make payment of my carnings by initiating credit or adjustment entries to my			
I hereby authorize and request my employer to make payment of my earnings by initiating credit or adjustment entries to my account listed above. I also authorize and request Horizons North Credit Union to accept any such entries or adjustments to my			

I hereby authorize and request my employer to make payment of my earnings by initiating credit or adjustment entries to my account listed above. I also authorize and request Horizons North Credit Union to accept any such entries or adjustments to my account without Horizons North Credit Union being responsible for the correctness thereof. If funds to which I am not entitled are deposited to my account, I authorize my employer to direct Horizons North Credit Union to return said funds. Such automatic deposits will be made on each successive payday unless I terminate this agreement. Cancellation of direct deposit needs to be directed to my employer's payroll department.

Member Signature:	Date: