



Direct Deposit Agreement Form

Authorization Agreement

I, _____ hereby authorize
_____ to initiate automatic deposits in the amount of
\$_____ or Total NET Pay to my account at the financial institution named below. I also authorize
withdrawals from this account in the event that a credit entry is made in error. Further, I agree not to
hold _____ responsible for any delay or loss of funds due to
incorrect or incomplete information supplied by me or by my financial institution.

Account Information

Name of Financial Institution: Northwest Community Credit Union

Address: 8930 Waukegan Rd. STE. 100
Morton Grove, IL 60053

Contact Information: PH: 847-647-1030 FAX: 847-647-1208
www.nwccu.com

Routing Number: 271980111

Account Number: _____ Checking | Savings

Signature

Authorized Signature: _____ Date: _____