



SACU
Sheboygan Area Credit Union

Direct Deposit Authorization Agreement

Return this completed form to your employer's Payroll Department.

Direct Deposit Authorization:

Name:	Social Security Number:	
Address:		
City:	State:	Zip:
Company Name:		
Address:		
City:	State:	Zip:
Deposit instructions:		

Deposit paycheck to Checking Account # 0145

Deposit paycheck to Savings Account # 0110

*Select either checking or savings & enter your account number in the applicable field.

*Payroll Dept. Add 0145 or 0110 at beginning of account number when creating the direct deposit file.

Sheboygan Area Credit Union
1707 Indiana Ave
Sheboygan, WI 53081
Routing/Transit number: 275981828

I hereby authorize:

- Above listed entity to initiate a deposit of my funds to my Sheboygan Area Credit Union checking or savings account.
- Sheboygan Area Credit Union to credit entries to my account(s).
- This authorization to remain in full force and effect until I send a written notice of change or cancellation.

Signature: _____ Date: _____