



Authorization Agreement for Direct Deposit
(Return this form to your employer's human resources office)

Name: _____ Social Security Number _____ - _____ - _____

Address _____

City, State, Zip _____

Company Name: _____ Company Address _____

Company City _____ Company State and Zip _____

Check one Deposit instructions:

[] Deposit entire amount to Checking Account Number: _____ Share Type: _____

[] Deposit \$ _____ to Savings Account Number: _____ Share Type: _____

and the remainder to Checking Account Number: _____ Share Type: _____

First General Credit Union
589 East Ellis Road, Muskegon, MI 49441
Routing# 272483099

I hereby authorize:

- Above listed entity to initiate deposit of funds to my First General Credit Union checking or savings account.
• First General Credit Union to credit entries to my account(s).
• This authorization to remain in effect until I send written notice of change or cancellation.

Signature: _____ Date: _____