

Direct Deposit Form

Please complete this form and forward it to your payroll department for processing.

Direct Deposit Request					
This Direct Deposit Request is:	New	Change	Cancel		
I authorize you and Ideal Credit Union adjustments for any credit entries in er until I have cancelled it in writing.					
Checking Account #			In the amount of \$.		
Savings Account #			In the amount of \$.		
Financial Institution: Ideal CU		Employer N	Employer Name:		
Address: 2401 N. McKnight Road	Address:				
City, State, Zip: North St. Paul, MN 55	City, State,	City, State, Zip:			
Your Full Name:					
Social Security #:					
SignatureDate					
Ideal CU's Transit Routing Number	is 296076262.				
Please staple voided check here.					