

Direct Deposit Authorization Form

TO WHOM IT MAY CONCERN

Effective immediately, I authorize the transfer of my direct deposit to be made to my new account at Madison Credit Union. Please accept this letter as written authorization.

COMPANY INFORMATION

Employer/Company Name

Address

City, State, Zip

MY INFORMATION

Full Name

Address

City, State, Zip

Email

Phone

DIRECT DEPOSIT INSTRUCTIONS

Financial Institution: Madison Credit Union

Routing Number: 275978721

Deposit the entire amount into account number: _____

Deposit: \$ _____ checking
 savings account number: _____

checking
and the remainder into savings account number: _____

Signature

Date

Print Name



Madison
Credit
Union

MCU Switch Kit
949 E. Washington Ave., Madison, WI 53703
608-266-4750 | MadisonCU.com

**MCU Account Number is Member
Number + 3-digit suffix:**

000 - Savings Account
077 - Fee Free Checking
075 - Interest Checking