



Direct Deposit Form

Please review and complete the following information. Upon completion, return this form to your employer's payroll department.

Direct Deposit Authorization

Name: _____ SSN: _____

Address: _____ City: _____ State: _____ Zip: _____

Company Name: _____

Company Address: _____ City: _____ State: _____ Zip: _____

Deposit Instructions

Deposit entire amount into:

Savings

Account Number: _____

Checking

Account Number: _____

Deposit partial amount into:

Savings

Account Number: _____ Amount: _____

Checking

Account Number: _____ Amount: _____

Other

Account Number: _____ Amount: _____

Other

Account Number: _____ Amount: _____

Other

Account Number: _____ Amount: _____

Rivertown Credit Union
Routing/Transit Number:

3121 Macatawa Drive SW, Grandville, MI 49418
272486203

Signature

I hereby authorize:

- The above entity to initiate credit or debit entries, if necessary, to correct any credit entries made in error, to my checking or savings account at Rivertown Credit Union.
- Rivertown Credit Union to credit and/or debit entries to my account(s).
- This authorization form to remain in full force and effect until I send a written notice of change or cancellation.

Signature: _____ Date: _____