



PO Box 26159 100 Cross Keys Road Collegeville, PA 19426
t: 610.489.7239 f: 610.489.5339
www.superiorcu.org

direct deposit authorization form

Member Information:

Name: _____ Social Security Number: _____

Savings Account Number: _____

Checking Account Number: _____

Deposit: Entire Paycheck % of Paycheck _____ \$Amount _____

Superior Credit Union ABA 231380159

Authorization

To Employer/Payor Name: _____

I authorize the above Employer/Payor to initiate credit entries and, if necessary, to initiate any debit entries and adjustments to correct any erroneous credit entries for Direct Deposit of above payroll/other amount to my above account at Superior Credit Union, on a recurring basis until I notify you in writing that I revoke this authorization.

Signature: _____ Date: _____

VOID

DATE _____

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS Security Features Included. Details on Back.

MEMO _____

231380159 03 _____

routing/ABA number checking account number