

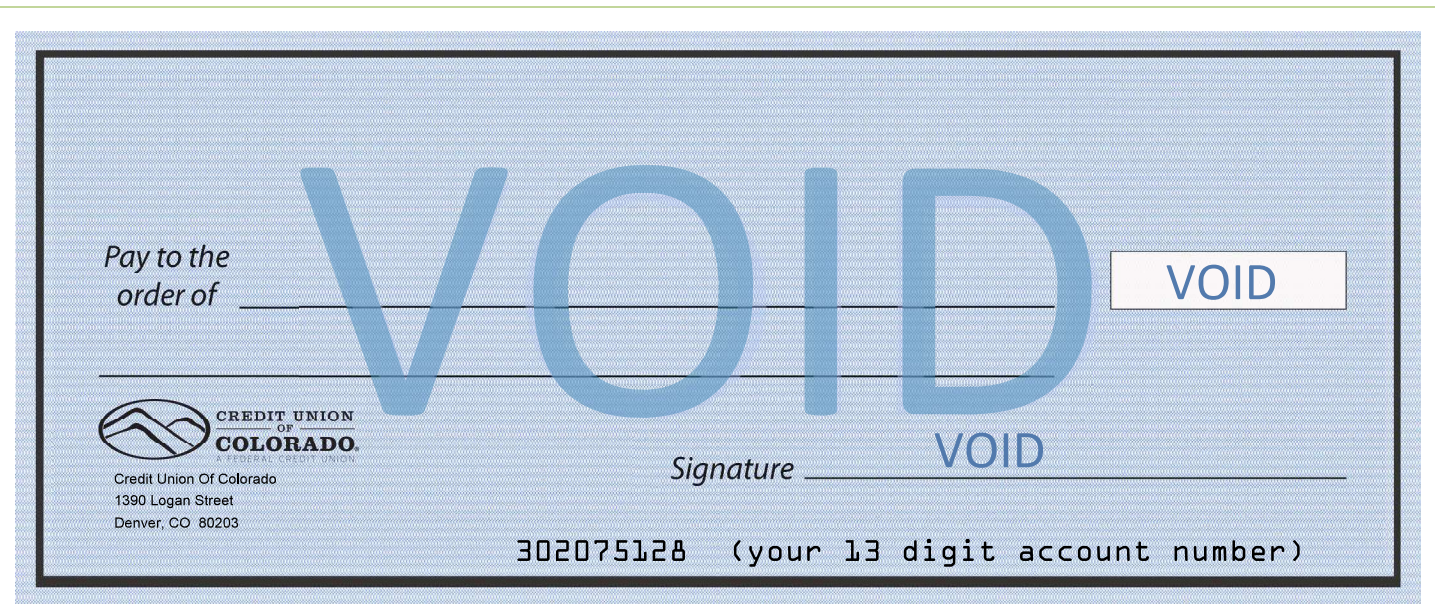


DIRECT DEPOSIT AUTHORIZATION

Save time on a trip to the Credit Union or ATM and never have to wait for funds to be released from a check hold. Provide this form to your employer or benefits agency to have your check deposited directly into your account.

ACCOUNT OWNER INFORMATION

Member Name		
Address		
City	State	Zip



Credit Union of Colorado Routing Number	302075128
Credit Union of Colorado Account Number	

AUTHORIZATION:

I hereby authorize my employer to direct deposit the funds set forth above to my Credit Union of Colorado account for each payroll period following receipt of this Authorization. This Authorization will remain in effect until further notice from me. If this is a change to a previous Authorization, I instruct my employer to cancel my previous Authorization and to follow this Authorization. All distribution of these funds is handled by the Credit Union. If I fail to cancel this Authorization upon filing bankruptcy, my employer and the Credit Union are directed to make and apply deductions in accordance with this Authorization.

Print Name Owner _____ Signature _____ Date _____

Please return this form to your employer to begin Direct Deposit

1390 Logan Street, Denver, CO 80203 | cuofco.org | 800.444.4816

This credit union is federally insured by the National Credit Union Administration.