



SLO CREDIT UNION

Authorization for Automatic Direct Deposit

Company Name: _____

I authorize the Company listed above to initiate credit entries and, if necessary, to initiate any debit entries to correct an erroneous credit entry to my/our account at SLO Credit Union for the purpose of automatically depositing funds to my/our account. I acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

Depository Name: SLO Credit Union

Address: 1220 Osos Street San Luis Obispo, CA 93401

Phone: 805-543-5839

Fax: 805-543-4300

Routing Number: 322282674

Deduct (each payroll period) the following amount from my pay \$ _____

Account Number: _____

I/We understand that this authorization replaces any previous authorization and will remain in full force and effect until SLOCU has received written notification from me of its termination in such time and in such manner as to allow SLOCU and the Company a reasonable opportunity to act on it.

Name _____

Signature _____ Date _____