

COVENANT HEALTH CREDIT UNION
DIRECT DEPOSIT AUTHORIZATION

I authorize Direct Deposit of my net pay automatically to my Covenant Health Credit Union account each payday. If funds to which I am not entitled are deposited to my account, I authorize Covenant Health Credit Union to return said funds. This authority will remain in effect until I have cancelled in writing.

Place of Employment

Employee Name (Please Print)

Social Security Number

(account Number)

Home Phone Number

Work Phone Number

(Circle One)

SAVINGS

CHECKING

(account Number)

(account Number)

Routing and transit number: 264279460

SIGNATURE: _____

DATE: _____