

Authorization for Direct Deposit



I authorize you to initiate electronic credit entries to Wings Financial Credit Union for the account I have checked below. If necessary, you may make debit entries and adjustments for any credit entries made in error from the same account. This authority will remain in effect until I have canceled it in writing.

Please return this completed form to your payroll department. For checking accounts, attach a voided check or deposit slip to ensure accuracy.

Account Information

Name		
Wings Credit Union	Apple Valley	MN
Financial Institution	City	State
	296076152	
Account Number (For checking, include all 10 digits from bottom of check.)	Routing Number	

Make electronic entries to my:

- ☐ Checking Account (or)
- ☐ Savings Account

Signature	Date
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