



Community Credit Union

3030 S. Adrian, Hwy., PO Box 927, Adrian, MI 49221 (517) 263-9120
2522 W. Beecher Rd., Adrian, MI 49221 (517) 264-1081
417 S. Maumee St., Tecumseh, MI 49286 (517) 423-6661
3300 N. Adrian Hwy., , Adrian, MI 49221 (517) 263-9120
Speedy Line Phone Banking (517) 263-0875
www.tlccu.org

DIRECT DEPOSIT AUTHORIZATION FORM

Member Information

Print Name: _____ SSN: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: (____) ____ - _____ Evening Phone: (____) ____ - _____

Account # _____ Checking Savings Routing # 272485291

Employer Information

Company: _____

Contact Name: _____ (Attn: Payroll/Benefits Department)

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) ____ - _____ Fax: (____) ____ - _____

Pay Period: Weekly Bi-Weekly Monthly Semi-Monthly Quarterly
(every other week) (twice per month)

Net Pay: Fixed Amount: _____

Effective immediately, I authorize and direct the Company to initiate credit entries to my TLC Community Credit Union account listed above. If an incorrect amount is deposited into my account(s), I authorize the Company to make the appropriate adjustment(s). This authorization will remain in effect until the Company receives written notice of termination from me in such time and such manner as to afford the Company a reasonable opportunity to act on it. **This Direct Deposit Authorization terminates any previous authorization received by the Company from me.**

Member Signature: _____ Date: _____

If this form is not sufficient to establish Direct Deposit, please forward the authorized form to me at the address above.

Branch Location: _____
Branch Address: _____
Branch Contact Name: _____ Phone: (____) ____ - _____
Branch: When complete, interoffice original to the Switch Center