Employer Direct Deposit Authorization Form

ROYAL CREDIT UNION

Must provide to your employer payroll office or any other payor who makes automatic deposits to your account.

Employer Information		
☐ New Direct Deposit Authorization	☐ Change in Direct Deposit Authorization	Date:
Employee/Member Name (Last):	(First):	Middle Initial:
Employee / Clock #:		
I hereby authorize (Employer): _____ To Send: ☐ My Entire Check to Royal Credit Union Direct Deposit. ☐ A Payroll Deduction of (specify amount) $ _____ to Royal Credit Union Direct Deposit.		
Royal Credit Union	**PO Box 970, Eau Claire, WI 54702**	**Routing Number: 291880411**
Royal Account Number:	Choose One: ☐ Savings ☐ Checking ☐ Health Savings Account (HSA)	
Until further notice, it is agreed that this authorization may be terminated in writing at any time without penalty. Please check with your employer to see if any additional authorization is required.		
Signature: X	Effective date:	

*Employer may require another form for authorization. The employer will require Royal's routing #291880411 and your account number of where you would like the funds sent to.

Additional Form Notes:

Reset Form Print Form Email Form

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