



## WESTAR FCU - DIRECT DEPOSIT SPLIT AUTHORIZATION FORM

MEMBER:

EMPLOYER:

SSN/TIN:

HOME PHONE:

GROUP CODE:

DEPOSIT TO:            SAVINGS            CHECKING ACCOUNT #:

SIGNATURE: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

**\*\* BY SIGNING I AUTHORIZE THE CREDIT UNION TO APPLY MY DIRECT DEPOSIT AS FOLLOWS:**

CHECKING	#	\$
SAVINGS	#	\$
SAVINGS	#	\$
LOAN	#	\$
LOAN	#	\$
OTHER	#	\$
OTHER	#	\$

\*\* By signing this form, you are agreeing to splitting every direct deposit that comes to your account. This will include any bonus checks, commission checks, end of year checks. It is not limited to your weekly/biweekly payroll cycle.