

WESTERN SUN FEDERAL CREDIT UNION DIRECT DEPOSIT FORM

Please complete the direct deposit form and forward it to your payroll department for faster processing.

Authorization Code: <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	
I authorize you and Western Sun Federal Credit Union to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:	
Checking Account #	\$
Savings Account #	\$
Each pay period. This authority will remain in effect until I have cancelled it in writing.	
Financial Institution Information	Account Holder Information
Financial Institution: Western Sun Federal Credit Union	Name (Please print):
Address: 4620 W Kenosha	SS#:
City, State, Zip: Broken Arrow, OK 74012	Signature:
Employer Name:	Date:
Address:	
City, State, Zip:	
303986384 TRANSIT ROUTING NUMBER (ABA)	
STAPLE VOIDED CHECK HERE.	