

DIRECT DEPOSIT

ENROLLMENT NOTIFICATION

NAME: _____ **SOCIAL SECURITY NO.:** _____

NAME OF EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

FINANCIAL INSTITUTION: JOURNEY CREDIT UNION

FI ADDRESS: PO BOX 1496 DES MOINES IA 50305-1496

ROUTING NUMBER FOR CU: 273074229 ACCOUNT #: _____

I hereby authorize this enrollment in direct deposit effective: _____

SIGNATURE: _____ **DATE:** _____