SUN COUNTRY CREDIT UNION

DIRECT DEPOSIT FORM

Please complete this form and forward it to your payroll department for processing.

Authorization Code: ☐ **New** ☐ **Change** ☐ **Cancel** **(indicate one)**

I authorize you and Sun Country 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.

Credit Union Information	**Member Information**
Sun Country Credit Union	Name (print):
19436 RH Johnson Blvd.	SSN#:
Sun City West, AZ 85375	Signature**:**
Employer:	Date:
Address:	
City, State, Zip:	

TRANSIT ROUTING NUMBER: 3221-8449-7

STAPLE VOIDED CHECK HERE

Return form to your payroll department for processing.

For assistance, please call 623-975-2100 Ext 108