

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	#	\$