



Direct Deposit/Payroll Deduction Form

Date: _____

Employer: _____

Employee's Name: _____

Employee's Address: _____

City: _____ State: _____ Zip: _____

Direct Deposit (entire amount of paycheck)

Payroll Deduction (specified amount) Amount: \$ _____

Service First Account #: _____ Select One: Checking Savings

Service First FCU Routing #: 291479903

The Business Office of the above employer is hereby authorized, instructed, and empowered to deduct the sum listed above each month until notice of change or termination of the direct deposit and/or payroll deduction authorization is given at the time and in the manner specified in the agreement between the above employer and Service First FCU – Sioux Falls, SD.

Signature: _____

Date: _____

SS#: _____

*Some companies may require a voided check.