

Lowland Credit Union Direct Deposit Form

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

Authorization Code:

New

Change

Cancel

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I authorize you and Lowland 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.

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Financial Institution Information

Financial Institution: Lowland Credit Union

Address: 622 West First North Street

City, State, Zip: Morristown, TN 37814

Employer Name:

Account Holder Information

Name (Please print):

SS#:

Signature:

Date:

Address:

City, State Zip:

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| 264280035 |
Transit Routing number (ABA)

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STAPLE VOIDED CHECK HERE.