



**Wauna Federal Credit Union**  
*Your hometown financial solution*

## Authorization Agreement for Wauna Federal Credit Union Direct Deposit

Please review and complete the following information.  
 Return this form to your employer's human resources office.

**Direct Deposit Authorization:**

**Name:**

**Social Security Number:**

**Address:**

**City:**

**State:**

**Zip:**

**Company Name:**

**Company Address:**

**Company City:**

**State:**

**Zip:**

**Deposit instructions:**

Deposit entire amount to Checking account #:

Deposit \$ \_\_\_\_\_ to Savings account #:

and the remainder to Checking account #

Wauna Federal Credit Union  
 P.O. Box 67  
 Clatskanie, OR 97016  
 Transit/ABA# 323274209

**I hereby authorize:**

- Above listed entity to initiate deposit of my funds to my Wauna Federal Credit Union checking or savings account.
- Wauna Federal Credit Union to credit entries to my account(s).
- This authorization to remain in full force and effect until I send a written notice of change or cancellation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: FOR VERIFICATION PURPOSES**  
 ATTACH A VOIDED WAUNA FEDERAL CREDIT UNION CHECK IN THIS AREA