

OUR COMMITMENT IS OUR MEMBERS

DIRECT DEPOSIT SIGN UP FORM

Take this completed form to your employer's payroll department to request direct deposit of your payroll check.

Name:		
Date of Birth:		
Last 4 digits Social Security Nu	umber:	
Please directly deposit my payr	roll to the following account:	
KELLOGG MIDWEST FED 9618 Brentwood Dr. La Vista, NE 68128 Routing/Transit/ABA# 30408		
Account #	Checking	Savings (select one)
Net or Parti	al deposit in the amount of \$	each pay
Signature		Date
I authorize and Kellogg Midwest FCU to a	automatically deposit my payroll chee	

and Kellogg Midwest FCU to automatically deposit my payroll check into my account listed above (this includes my authorization to correct entries made in error.) This authorization will remain in effect until I give written notice to cancel it.

Federally Insured by NCUA.