



6051 Market Avenue, Suite C  
 Franklin, OH 45005  
 (513) 974-5179 tel  
 (513) 974-5078 fax  
 www.atrium4u.org

## Direct Deposit Authorization

This authorization form is used for direct deposit of payroll. Employees may include a voided check or deposit slip from their checking account to verify information on the authorization form.

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

I hereby authorize my employer (named above) to initiate credit entries to my account(s) listed below:

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

### Account 1 \_\_\_\_\_

Financial Institution Name: **Atrium Credit Union, Inc.**

Routing Number: **242278755** Account Number: \_\_\_\_\_

Please check one:  Checking Account  Savings Account

### Account 2 \_\_\_\_\_

Financial Institution Name: **Atrium Credit Union, Inc.**

Routing Number: **242278755** Account Number: \_\_\_\_\_

Please check one:  Checking Account  Savings Account

\_\_\_\_\_  
 Member's Signature Date: \_\_\_\_\_

version: 2017.06-rev

\* Rates are subject to change at anytime. Other loan products and terms are available. Your APR may vary based on your final loan amount and finance charges. Subject to credit approval. Call (513) 974-5179 for additional information.

