



6051 Market Avenue, Suite C  
Franklin, OH 45005  
(513) 974-5179 **tel**  
(513) 974-5078 **fax**  
[www.atrium4u.org](http://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: \_\_\_\_\_



**ACCOUNTS INSURED UP TO \$500,000**



American Share Insurance insures each account up to \$250,000. Excess Share Insurance Corporation provides up to an additional \$250,000 of insurance per account. This institution is not federally insured, and if the institution fails, the Federal Government does not guarantee that depositors will get back their money. **MEMBERS' ACCOUNTS ARE NOT INSURED OR GUARANTEED BY ANY GOVERNMENT OR GOVERNMENT-SPONSORED AGENCY.**