ATRIUM
A DIVISION OF TREADWELL CREDIT UNION

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 of 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: _____