



# DIRECT DEPOSIT

\_\_\_ New \_\_\_ Change

Date \_\_\_\_\_

### Employer

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

### Financial Institution Info

Verve, a Credit Union  
P.O. Box 3046  
Oshkosh, WI 54903-3046

Routing/ABA Number: 275981187

### Employee/Member

Name \_\_\_\_\_

Address \_\_\_\_\_



City, ST, ZIP \_\_\_\_\_

Phone \_\_\_\_\_

### Direct Deposit

Savings Account \_\_\_\_\_

Checking (includes HSA) \_\_\_\_\_

Pay to the		Date _____
Order of _____	\$ _____	
		Dollars  Security Features Details on Back
		
For _____	MP _____	
275981187		
<small>Harland Clarke</small>		

I authorize Verve, a Credit Union, and the above-named company to begin credit and, if necessary, debits, adjustments and reversals for any credit entries in error to my checking and/or savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford Verve a reasonable opportunity to act.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Deliver this form to the employer listed above.*