

Direct Deposit Enrollment/Change Form



CUSTOMER INFORMATION (Please Print)	
Name: _____	Date: _____
Company Name: _____	Employee Number: _____
Social Security Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Check One: ☐ Enrollment ☐ Cancel ☐ Change

Name of Financial Institution: Union Bank
670 Cascade W Parkway SE
Grand Rapids, MI 49546

Routing & Transit Number: 072404320

Deposit One - Choose Only One:	
<input type="checkbox"/> Savings Account #: _____	Amount to deposit in selected account: \$ _____ or <input type="checkbox"/> NET
<input type="checkbox"/> Checking Account #: _____	\$ _____

Deposit Two - Choose Only One:	
<input type="checkbox"/> Savings Account #: _____	Amount to deposit in selected account: \$ _____ or <input type="checkbox"/> NET
<input type="checkbox"/> Checking Account #: _____	\$ _____

Deposit Three - Choose Only One:	
<input type="checkbox"/> Savings Account #: _____	Amount to deposit in selected account: \$ _____ or <input type="checkbox"/> NET
<input type="checkbox"/> Checking Account #: _____	\$ _____

I authorize the above named company to deposit to my account(s) at Union Bank as indicated above.
I acknowledge the right of this company to offset my future wages in the amount of any over payments
the company may have deposited to my account.

Employee Signature: _____ Date: _____

Representative Name (Print): _____ Signature: _____ Telephone Number: _____ Date: _____