



A FULL SERVICE FINANCIAL INSTITUTION
Real People you can TRUST

Direct Deposit Authorization

Date: _____ Social Security Number: _____

Employee Name: _____

Name of Employer: _____

Employer Address: _____

New Financial Institution: **U. P. Connection Federal Credit Union, 6707 Grover St, Omaha, NE 68106**

New Financial Routing Number: **304083299**

New Financial Account Number: _____

Payroll Number: _____ Effective Start Date: _____

Payroll Type: Direct Deposit Payroll Deduction \$ _____

Account Type: Checking Savings

I hereby authorize and request the employer (named above) to deposit the amounts indicated and deposit these funds to U.P. Connection Federal Credit Union for each payroll period following receipt of this Authorization until further notice from me. If this is a change in a previous Authorization, I instruct my Employer to cancel my previous Authorization and to follow this Authorization.

Signature _____ Date _____

Print Name _____

***Your employer may require you to complete their own Direct Deposit form and/or include a voided check for the account funds will be deposited into.

Main
6707 Grover Street
Omaha, NE 68106
Phone: 402-391-5838
Fax: 402-391-4310

Council Bluffs
204 S 35th Street
Council Bluffs, IA 51501
Phone: 712-242-1055
Fax: 712-242-1058