



SEATTLEUNITED

Direct Deposit Authorization

Please review and complete the following information. Return this form to:

Seattle United, Treasurer
520 NE Ravenna Blvd
Seattle, WA 98115

PAYEE NAME: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

Deposit instructions for:

I hereby authorized Seattle United to initiate credit entries for Direct Deposit of Payroll to my account(s) defined below:

Bank Name: _____

Bank Address: _____

Bank Phone: _____

Transit/ABA# _____ ***

Deposit entire amount to checking account number _____

OR

Deposit \$ _____ to savings account number _____ and the remainder to checking account number _____.

This authorization will remain in full force and effect until I send a written notice of change or cancellation.

Signature: _____

Date: _____

Attach a voided check from your bank account.

*** The ABA/Transit number will be a 9 digit number on your check preceding your account number. For most persons banking locally with a commercial type bank, it will start with 125. A credit union will start with 325.