

Direct Deposit Authorization

Complete and submit this form to any company/organization that is automatically depositing funds into your existing checking account. Should you need assistance, our branch staff are happy to assist.

Name _____

Address _____

City _____ ST _____ Zip _____

Phone _____

Effective ____/____/____

I hereby authorize changes to my direct deposit from:

company/organization

These payments now need to be deposited into my account with Union Bank. Please redirect my Direct Deposits to come to my account with Union Bank as follows:

Previous Bank Account Number _____

Checking Savings (please check one)

Union Bank Account Number _____

Checking Savings (please check one)

Union Bank Routing Number: 011601100

Date ____/____/____

Signature _____

If your institution is unable to make this change, please contact me via telephone or my mailing address.

Attach Voided Check



Account Number