

Direct Deposit Payment Deduction Authorization Form



Please complete this form and return it to your **payroll processor or check issuer**.

About you

Your full name _____

Your Social Security Number _____ - _____ - _____

Your Wescom Account Number _____

To your Payment Processor

Please deposit (*please check one*) a deduction in the amount of \$ _____

my net check

To my Wescom (*please check one*) Regular Share Account

Primary Checking Account

at Wescom Credit Union (Routing & Transit number: 3220-7935-3).

I understand the Credit Union has permission to reverse any funds to which I am not entitled.

Signature

Date

Payroll processor or Check issuer