Wings
FINANCIAL
CREDIT UNION

14985 Glazier Avenue, Ste 100
Apple Valley, MN 55124
(800) 692-2274

AUTHORIZATION FOR DIRECT DEPOSIT

I authorize you to initiate electronic credit entries to Wings Financial Credit Union for the account I have checked below. If necessary, you may make debit entries and adjustments for any credit entries made in error from the same account. This authority will remain in effect until I have canceled it in writing.

Make electronic entries to my: ❑   Checking Account   *(or)*   ❑   Savings Account

Financial Institution   <u>Wings Financial Credit Union</u>   Name _____

City, State   <u>Apple Valley, MN</u>   Credit Union Account # _____
(For checking, include all 10 digits from bottom of check)

Financial Institution Routing Number   <u>296076152</u>   Signature _____   Date _____

Please return this completed form to your payroll department. For checking, attach a voided check or deposit slip to ensure accuracy.