AURORA SCHOOLS FEDERAL CREDIT UNION

751 CHAMBERS ROAD AURORA CO 80011 303-360-0987 Fax 303-360-0511

EMPLOYER PAYROLL DEPOSIT FORM

Name _____ Social Security Number_____ Routing Number 3070-7446-7 Account Number_____ (Ten Digits, without hyphen or space) EMPLOYER □ Aurora Public Schools (Fax 303-326-1980) Aurora Schools Federal Credit Union PERA (Has Their Own Forms) □ Social Security (Phone #1-800-772-1213 or 303-361-0434) Other ______

- 1. DIRECT DEPOSIT (Full Net) I authorize and request my employer hereinafter to make any payment of any amount owing to me for payroll by initiation credit entries to my credit union account indicated above. My credit union is authorized to accept any entries initiated by my employer without responsibility for the correctness thereof.
 - Checking (Share Draft) Account
 - Change Checking (Share Draft) to Savings (Regular Shares)
 - Savings (Regular Shares) Account
 - Change Savings (Regular Shares) to Checking (Share Draft)
- 2. ALLOTMENT (DEDUCTION ONLY) I authorize my employer to deduct the amount listed below from my monthly benefit and send it to my designated account at the credit union. I authorize and request the credit union to accept any entries initiated by my employer without responsibility for the correctness thereof.
 - Begin a new deduction amount of \$_____.
 - Checking (Share Draft)
 - Savings (Regular Shares) Account

Change my current deduction amount to \$_____.

Signature Date