

FITZSIMONS CREDIT UNION DIRECT DEPOSIT AUTHORIZATION FORM

Member Name:			
Routing Number : 3 0 2 0 7 5 4 5 8	☐ Net Pay	OR	Payroll Deduction Amount \$
Member Account #:	☐ Checking	OR	·
I certify that Fitzsimons Credit Union agrees to receive and deposit the payment identified above.			
Member Signature		Date:	