



Date: _____

Direct Deposit Authorization Form

I hereby authorize _____ to send credit entries, as well as make adjustments and debit entries, as appropriate, to the account(s) indicated below:

Account type (select one): Checking _____ Savings _____

Name of Financial Institution: SUN Credit Union

Financial Institution Address: 4205 Hollywood Blvd
(Street Address)

Hollywood, FL. 33021
(City, State, ZIP Code)

Bank Routing Number / ABA Number: 267078707

Account Number: _____

Member's Name: _____
(Print)

Member's Signature: _____



Routing Number

Account Number