

Direct Deposit Authorization

| Date | SSN# | Name: |
|--|---|-------------------------------------|
| Name of Employer | | |
| Employer's address | | |
| Employer's phone | | |
| My direct deposit is currently going to: | | |
| Previous Financial Institution | | |
| Previous Financial Institution Address | | |
| | | |
| Previous Account Number | | |
| Please change my direct deposit to go to: | | |
| New Financial Ins | stitution: Lookout Credit V 275 S. 5th Ave St Pocatello, ID 832 (208) 235-7100 | e 210 |
| Routing Number: 324173639 | | |
| New Account Nu | mber: | (no spaces or dashes/10 digits max) |
| Deposit into suffix: Savings Checking | | |
| I hereby request that my direct deposit be made to Lookout Credit Union. | | |
| Signature | | |
| Name | | |
| Address | | |
| City/State/Zip | | |
| Phone(s) | | |
| Effective date: | | |