DHCU COMMUNITY CREDIT UNION

# Direct Deposit/Automatic Payment Request Form

I hereby authorize debit/credit entries to/from my account with DHCU. This authority is to remain in full force and effect until you receive written notification from me of a change in such manner as to afford you a reasonable opportunity to act upon it.

Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

DHCU Account Number: _____ ☐ Savings ☐ Checking

Routing & Transit Number: 271183646

_____ _____

Signature Date

Questions? Call 309-796-7500.

*where it's all about community*

P.O. BOX 1550 MOLINE, IL 61266-1550 309.796.7500/800.323.5109 WWW.DHCU.ORG Accounts Federally Insured by NCUA