



COOK COUNTY
CREDIT UNION & DIRECT DEPOSIT AUTHORIZATION FORM

DATE _____	BUSINESS UNIT# _____	<u>CIRCLE ONE</u> NEW ENROLLMENT
EMPLOYEE# _____	EMPLOYEE SSN# _____	CHANGE
EMPLOYEE NAME _____		CANCEL
EMPLOYEE SIGNATURE _____		

I authorize The County of Cook hereafter called 'The County' to initiate credit entries to my bank account(s) indicated below and the institution(s) named below, hereinafter called 'Institution' to deposit to the same such account(s).

I further authorize 'The County' to initiate debits to my account(s) to correct any errors, and the 'Institution' to initiate any such corrections to my account. This authority is to remain in full force and effect until 'The County' and the 'Institution' have received written notification from me of its termination in such time and in such manner as to afford 'The County' and the 'Institution' a reasonable opportunity to act on it prior to depositing to the account.

ACCOUNT 111 (Credit Union 1 Deduction Only)

INSTITUTION NAME	_____ Credit Union 1 _____
ACCOUNT NUMBER	_____
TYPE OF ACCOUNT (Checking or Savings)	_____
INSTITUTION ROUTING NUMBER	_____ 271188081 _____
AMOUNT OF DEDUCTION	_____

ACCOUNT 112 (Union Affiliated Credit Union Deduction Only)

INSTITUTION NAME	_____
ACCOUNT NUMBER	_____
TYPE OF ACCOUNT (Checking or Savings)	_____
INSTITUTION ROUTING NUMBER	_____
AMOUNT OF DEDUCTION	_____

**ACCOUNT #3 (Remaining Balance of Net Pay for Employees with Credit Union Deductions
& Employees with Direct Deposit Only)**

CIRCLE ONE: CHECK ISSUED OR DIRECT DEPOSIT

INSTITUTION NAME	_____
ACCOUNT NUMBER	_____
TYPE OF ACCOUNT (Checking or Savings)	_____
INSTITUTION ROUTING NUMBER	_____

Return this form to : YOUR TIMEKEEPER

Attach a copy of a voided check for checking account deposits (deposit slips are not acceptable).
Attach routing and account verification from the financial institution for savings account deposits.