DIRECT DEPOSIT FORM

(Return to your Employer)

Name Daytime Phone # Address	Date of Birth			
EmployerAddress				
ACCOUNT INFORMATION				
NSFCU Routing # 325272157				
Account #	Account Type	Savings Other	Checking	
I authorize the above-mentioned employe Federal Credit Union (please choose one of		t deposit to No	rthern Skies	
Partial Direct Deposit in the am	ount of \$			
or				
Total Direct Deposit of Net Pay				
Signature	Date			

Return this form to your employer for processing.

