

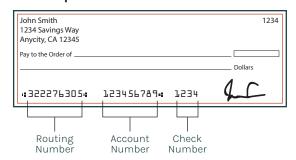
Direct Deposit Authorization

Corazo Credit Union membership is required.

Routing # 322276305	Account #	□ Checking □ Savings
Corazo Credit Union	P.O. Box 3247,	El Centro, CA 92244
Financial Institution	Address	
Type of Account Verification includ	ed: Voided Check Copy	of Account Statement Copy of Membership Card
salary or wages. This authorization written notice of cancellation to my	nitiate deposits into my Corazo will continue in effect until my employer on the appropriate for gent upon meeting payroll de	o Credit Union account listed below from my employment is terminated, or until I submit a timely orm. The first deduction is to be taken from my earnin adlines. I have included my account information and
Employer Address (City, State, Zip)		Employer Phone #
Current Home Address (City, State, Zip) Employer Name		Employee ID (if applicable)
		Phone #
Member Name		Social Security #

Note: If your employer or government agency does not accept our credit union's direct deposit form, ask if they have a form and use that to get started. Once you have submitted your request form, be sure to monitor your account to see when the direct deposit begins. It may be one or two months before your direct deposit goes into effect.

First Imperial Credit Union information:



Submit completed form to your employer and a copy to Corazo CU by mail, email, or directly to a Corazo branch

Mail: Corazo Credit Union
Attn: Member Service

P.O. Box 3247

El Centro, CA 92244

Email: memberservice@corazocu.com