



OBEE
CREDIT UNION

Authorization Agreement for Monthly Direct Deposit

Please review and complete the following information. Return this form to your financial institution.

Direct Deposit Authorization:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Your Bank/Financial Institution Information:

Bank Name: _____

Bank Address: _____

Bank City: _____ State: _____ Zip: _____

Account Number: _____ Saving/Checking (Check One)

Deposit instructions:

Please deposit an amount \$ _____ every _____ day of the month starting on the date _____ to the following Checking Account Number:

O Bee Credit Union
3900 Cleveland Avenue, Tumwater, WA 98501
Transit/ABA# 325180977
Account Name: KHALSA GURMAT SCHOOL
Account Number: 0000061495

I hereby authorize:

- Above listed entity to initiate deposit of my funds to the O Bee Credit Union Checking account listed above.
- This authorization to remain in full force and effect until I send a written notice of change or cancellation.

Signature: _____ Date: _____

