

Good Samaritan Credit Union Direct Deposit Form

CU 2
Rev. 11/19

Name (print) _____

Employee No. _____ Center No. _____

I hereby authorize you to deposit the following amount from my pay each pay period:

Start Change Please list all of your credit union deductions

Regular Shares (savings) \$ _____

Christmas Club Shares _____

Vacation club Shares _____

Loan Payment _____

Loan Payment _____

Share Draft (checking) _____

Child(ren) Name _____

TOTAL Deposit \$

Signature of Member

Effective Check Date

Fax: 605-362-3390 or email form: creditunion@good-sam.com