



Corporate Office • 840 Hitching Post Drive • Green River, WY 82935 • (307) 875-9800 • (800) 331-6268 • (307) 875-5551 Fax
 Rock Springs Office • 2460 Foothill Blvd • Rock Springs, WY 82901 • (307) 382-2968 • (307) 382-2989 Fax
 Evanston Office • 236 Harrison Drive. • Evanston, WY 82930 • (307) 789-3900 • (307) 789-3939 Fax
 Mountain View Office • 200 7th Street (P.O. Box 56) • Mountain View, WY 82939 • (307) 782-7100 • (307) 782-7101 Fax

EMPLOYEE INFORMATION	
Employee Name	Daytime Phone Number

DIRECT DEPOSIT AGREEMENT

I hereby authorize _____ to initiate automatic deposits to my account at the financial institution named below. In addition, I authorize withdrawals from this account in the event a credit entry is made in error.

I agree not to hold the company named above responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until the company above receives written notice of cancellation from me or my financial institution, or I submit a new direct deposit form to the Payroll Department.

FINANCIAL INSTITUTION INFORMATION		
Financial Institution Trona Valley Credit Union 840 Hitching Post Drive Green River, WY 82935	Routing Number 302386765	Financial Institution Phone Number (307) 875-9800 (800) 331-6268

ACCOUNT INFORMATION AND AUTHORIZATION

Attention Payroll Provider:

Account # (13 digits) _____

Account Type: Savings Checking

I hereby authorize the specified company to send my: Payroll Check Fixed Amt \$ _____

By signing below, I acknowledge, consent, and agree to the terms and conditions outlined in this Agreement.

Authorized Signer Name	Authorized Signer Signature	Date
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VOIDED CHECK

Attach voided check here