



NEBO CU

PAYROLL DIRECT DEPOSIT FORM

Corporate Office
730 East 300 South
Springville, UT 84663

Routing Number: 324379763

Name of Payee (Last, First, Middle)	Type of Payee Account (check one) <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
Address (Street, Route, PO Box)	
City, State, Zip Code	
Telephone Number	Payee Account Number _ _ _ _ _

<p align="center">Payee/Joint Payee Certification</p> <p>I certify that I am entitled to the payment identified above, and that I have read and understood the paragraphs on the bottom of this form. I authorize my payment to be sent to the financial institution named above to be deposited to the designated account.</p> <p>Signature _____ Date _____</p> <p>Signature _____ Date _____</p>	<p align="center">Joint Account Holders' Certification (optional)</p> <p>I certify that I have read and understood the bottom of this form, including the Special Notice to Joint Account Holders.</p> <p>Signature _____ Date _____</p> <p>Signature _____ Date _____</p>
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Special Notice to Joint Account Holders Joint account holders should immediately advise both the payer and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the payer. The payer will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

Cancellation The agreement represented by this authorization remains in effect until canceled by the recipient by notice to the payer or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so. The agreement represented by this authorization may be canceled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the payer if the authorization is canceled by the financial institution. The financial institution cannot cancel the authorization by advice to the payer.

Changing Receiving Financial Institutions I certify that I am entitled to the payment identified above, and that I have read and understood the paragraphs on the bottom of this form. I authorize my payment to be sent to the financial institution named above to be deposited to the designated account.