



## Direct Deposit Enrollment Form

*Give this form to your Payroll Department or Recurring Payment Source.*

Date: \_\_\_\_\_

**Company's Payroll Department or Recurring Payment Source**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Information about your Credit Union:**

**U.P. Catholic Credit Union  
1001 West Baraga Ave  
Marquette, MI 49855**

**Telephone Number: 906-228-7080**

**Routing/ABA#: 291172844**

**Information About You:**

Name: \_\_\_\_\_

**UPCCU Account Number \*** \_\_\_\_\_

**Savings**

**Checking**

**Signature** \_\_\_\_\_

**\*Correct Account Number Information**

**Please check with the credit union before submitting account number information. This is to ensure the format is correct.**