



# DIRECT DEPOSIT ENROLLMENT

221 NW Second Avenue  
Suite 100  
Portland, OR 97209

tel: 503.220.2592  
fax: 503.228.6770  
www.trailheadcu.org

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Name

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Social Security #

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Employer Name

I hereby authorized the above named company to initiate credit entries to my

Checking or  Savings

account indicated by the account number below, and Trailhead Credit Union to credit the same to such account.

Trailhead Federal Credit Union

Transit Routing Number: 323075563

6 Digit Account Number:

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This authority is to remain in full force and effect until the company named above has received written notification from me of its termination in such time and in such manner as to afford them a reasonable opportunity to act on it.

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Signature

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Date

Return this form to your employer's payroll department.