DAKOTALAND
FEDERAL CREDIT UNION

# Direct Deposit Enrollment Form

Bank Name: _____

Bank Address: _____

Employer: _____

Employee Name: _____

Routing Number: _____

Bank Account Number: _____

Account Type: ☐ Savings ☐ Checking

Employee Signature: _____ Date: _____

Please Note: This form must be completed in its entirety and a void check attached in order for us to properly initiate without a delay in payroll deposits. All ACH transactions will comply with NACHA Operating Rules and the laws of the United States.