



Payroll Deduction Authorization

_____ please deduct from my wages or sick pay each pay period,
(member's employer)
the sum of \$_____, starting on _____, and pay the same to Dakotaland Federal Credit Union, until
you are otherwise advised by me.

Routing #: **291479356**

Account #: _____ Account Type: Savings Checking

Everything We Do, We Do for **You!**

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