Dakotaland
FEDERAL CREDIT UNION

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

Member Signature:_____

Receiving DFCU Employee_____
Initials

If this form needs to be sent to the employer by Electronic Services, check here ☐