



## 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