Direct Deposit Authorization Form

We make it easy to enroll in direct deposit with the easy, pre-filled form. Simply complete and sign this form, then turn it into your employer or payor. Steps to enroll are listed below.

Depositor Information

First Name _____ Middle Initial _____ Last Name _____

Phone Number _____

Social Security Number _____

Employee IS (if applicable _____

Employer or Depositor Name _____

Financial Institution Information

Financial Institution Name: BluCurrent Credit Union

Financial Institution Address: 1770 W Sunset St. Springfield, MO 65807

Routing Number: 286582805

Account Information

(Secondary account listed if you wish to split your deposit between two shares.)

Primary Account Number: _____

Direct Deposit the following:

☐ Total Net Amount
☐ Specific Amount of $_____

Type of account: ☐ Checking ☐ Savings ☐ Reloadable ☐ Money Market

Secondary Account Number: _____

Direct Deposit the following:

☐ Total Net Amount
☐ Specific Amount of $_____

Type of account: ☐ Checking ☐ Savings ☐ Reloadable ☐ Money Market

Signature _____ Date _____