Payroll Direct Deposit

Payroll Direct Deposit Instructions: Use this form to set up your Direct Deposit into your Credit Union account. Submit the completed form to your employer.

Date:	Month, day, year		
т	Monar, day, year		
To:	Your company's name		
	Address		
	City, State, Zip		
From:			
	Your name		
	Address		
	City, State, Zip		
To Who	m It May Concern:		
I wish to deposit (select one)		☐ My entire paycheck	
	,	☐ A portion of my paycheck \$	
			(amount)
Effective	immediately, please direc	t my direct deposit to my account indicate	ed below:
Credit Un	ion Name:		
Credit Un	ion Routing Number:		
Credit Un	ion Account Number:		
If you hav	ve any questions about this	s request, please contact me at the following	ng number:
Phone:		day/eve	ening (circle one
Sincere	ly,		
	X		
	Signature		
	Name (please print)		
	Address		
	City, State, Zip		
	Other pertinent employer infer	mation (i.e. amplayed ID# etc.)	