

## Direct Deposit Form

Date: \_\_\_\_\_

I (We) hereby authorized and request my employer to make payments of any amounts owing to me for work performed by initiating credit entries to my (our) checking, savings, now share draft account indicated below in the financial institution names: all in accordance with the rules and regulations of the Electronic Fund Transfer Act, as issued and amended by the Federal Reserve Board of Governors.

Payroll Deduction Amount (Per Pay Period)      *or*

Net Pay (Entire Check)

Amount \$ \_\_\_\_\_

Employee Name(s) (Please Print): \_\_\_\_\_

Employee Account Number with Financial Institution: \_\_\_\_\_

Employee Social Security Number: \_\_\_\_\_

*Complete Only One Item Below.*

Establish a net check to a financial institution

Cancel a net check to a financial institution

Establish an allotment in the amount of: \$ \_\_\_\_\_

Change my present allotment: From \$ \_\_\_\_\_ To \$ \_\_\_\_\_

Cancel my allotment in the amount of: \$ \_\_\_\_\_

Check this item if you have more than one Allotment to a Financial Organization.

I confirm the identity of the above named payee(s) and the account number and title. As representative of the below named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above accordance with 32 CFR parts 240, 209, and 210. Pursuant to Treasury Departments regulations, multiple deposits will not be made to a common account.

I certify that I am entitled to the payment identified above, and that I have read and understand the information printed above. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.

Neighbors Credit Union

Financial Institution Routing & Transit Number: 2810-8238-4

Date: \_\_\_\_\_  
Employee Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Employer Name & Address (Please Print): \_\_\_\_\_  
\_\_\_\_\_  
Department: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Initials: \_\_\_\_\_

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Please sign and mail

For your security, please print, complete, sign and mail the application to:  
Neighbors Credit Union  
6300 S. Lindbergh  
St. Louis , MO 63123

or feel free to drop it by the location nearest you.

Appropriate disclosures will be mailed to you.

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