

## DIRECT DEPOSIT FORM

I (We) hereby authorize and request my employer to make payment of any amounts owing to me for work performed by initiating credit entries to my (our) savings or checking 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.

(Select one)

Payroll Deduction Amount (Per Pay Period)                      OR                      Net Pay (Entire Check)

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

Employee Account Number with FI \_\_\_\_\_

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

### COMPLETE ONLY ONE ITEM BELOW:

- A.) \_\_\_\_ ESTABLISH a NET CHECK to a financial institution    D.) \_\_\_\_ CANCEL a NET CHECK to a financial institution  
B.) \_\_\_\_ ESTABLISH an ALLOTMENT for \$ \_\_\_\_\_    E.) \_\_\_\_ CHANGE my ALLOTMENT From \$ \_\_\_\_\_ To \$ \_\_\_\_\_  
C.) \_\_\_\_ CANCEL my ALLOTMENT for \$ \_\_\_\_\_    F.) \_\_\_\_ Check this item if you have more than one Allotment to an FI

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.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Name & Address (Please print):

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

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Financial Institution: Neighbors Credit Union

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

### Credit Union Staff Only:

I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-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 Department regulations, multiple deposits will not be made to a common account.

Credit Union Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Job Title: \_\_\_\_\_

(gendd 08/19) [d1]