

DIRECT DEPOSIT FORM



Please complete this form and submit it to your Payroll Department. A copy of a voided check may be required.

NAME _____ DEPARTMENT _____

EMPLOYEE ID _____ SOCIAL SECURITY NUMBER _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ EXTENSION _____

The purpose of this form is to *(please check one)*:

- _____ Initiate a **NEW** Direct Deposit _____ **CHANGE** an existing Direct Deposit
_____ **ADD** an additional Direct Deposit _____ **CANCEL** an existing Direct Deposit

Please deposit my funds into the following account:

SAN DIEGO COUNTY CREDIT UNION **322281617**
INSTITUTION _____ ABA ROUTING NUMBER _____

ACCOUNT NUMBER _____ SUFFIX _____ CHECK ONE: SAVINGS CHECKING

AMOUNT PER PAY PERIOD _____ EFFECTIVE PAYROLL DATE _____

I hereby authorize the above amount to be deducted from my paycheck and deposited into the account listed above.

SIGNATURE _____ DATE _____