



Direct Deposit Form



Please complete this form and submit it with a voided check or temporary deposit slip to your Payroll Department.

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 _____