DIRECT DEPOSIT FORM

San Diego County Credit Union
sdccu.com

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
INSTITUTION

322281617
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