



Direct Deposit Form

Please print and complete ALL the information below.

Name: _____

Address: _____

City, State, Zip: _____

Employer Name: _____

Account Information

Please have my payroll check automatically deposited into the following:

Financial Institution Name: _____

Account #: _____

9-Digit Routing #: **271080817**

Type of Account: Checking Savings

Authorization Agreement

I authorize my Employer _____ and SFCU to automatically deposit my paycheck as specified above (this includes my authorization to correct entries made in error) on each pay date. I understand that it is my responsibility to ensure my paycheck is being deposited into my account each pay date. I understand that a pre-notification process may take two payroll cycles to complete. I understand it is my responsibility to notify my employer and Financial Institution of any changes. **NOTE: Your employer may require additional documents to initiate direct deposit.**

Employee Signature: _____

Date: _____