



Community Credit Union

Direct Deposit Request

Complete and sign this form to provide to your employer.

Name

Phone Number

Address

City

State

Zip

Please have my paycheck automatically deposited into the following account(s):

_____ Savings	Checking	325181264	_____ % / \$
Account#		HAPO CCU Routing Number	Percentage or Dollar Amount
_____ Savings	Checking	_____	_____ % / \$
Account#		Routing Number	Percentage or Dollar Amount
_____ Savings	Checking	_____	_____ % / \$
Account#		Routing Number	Percentage or Dollar Amount

0000

PAY TO THE ORDER OF _____

_____ DOLLARS

FOR _____ **NON-NEGOTIABLE**

Routing Number Account Number

Effective:

Immediately

Beginning on: ____ / ____ / ____

By signing below, I authorize _____ (employer/company name) to send credit entries electronically to the account number(s) listed above and, if necessary, withdrawal transactions to correct erroneous deposit entries made into my account(s). This authorization will remain in effect until the company named above receives written termination from me and has reasonable opportunity to act on it.

Employee Signature

Employee ID (if applicable)

____ / ____ / ____

Date