

DIRECT DEPOSIT AUTHORIZATION

Company Name: _____

To establish your direct deposit, please complete the following form.

- New Account
- Deposit amount change only
- Additional accounts
- Replace existing account
- Remove existing account immediately

I authorize you and the financial institution indicated, to deposit my wages automatically to my

Checking account: Deposit net Savings account: Deposit net
 Deposit \$ _____ Deposit \$ _____

Employee Information

Employee Name: _____ SSN: _____

Bank Name: St. Dominic's Federal Credit Union Address: 1723 GAR Highway, Swansea, MA 02777

Checking: <input style="width: 100%;" type="text" value="211386047"/> Transit number (9 digits)	<input style="width: 100%;" type="text" value="00000"/> Account Number
Saving: <input style="width: 100%;" type="text" value="211386047"/> Transit number (9 digits)	<input style="width: 100%;" type="text" value="00000"/> Account Number
<small>* Please verify your savings account number with your bank. Special accounts such as Passbook Savings, Money Market account, and Christmas Club Savings are not usually eligible for direct deposit.</small>	

Effective date for direct deposit process to start: _____

Signature: _____ Date: _____

Note: There is a two to four week processing application before starting direct deposit. Should the Financial Institution deny access to any of the above accounts, notification will be made to the party involved. This information is strictly confidential. To allow proper notification to the Financial Institution cancellation of a direct deposit must be received in writing at least one week prior to payroll.