Community Healthcare Federal Credit Union Direct Deposit Form

Please complete the direct deposit form and forward it to your payroll department for faster processing.

Authorization Code: ☐ New ☐ Change ☐ Cancel

I authorize you and Community Healthcare Federal Credit Union to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

☐ Checking Account # | | | | | | | | | | | | | | | | $ | | | | | | . | | |

☐ Savings Account # | | | | | | | | | | | | | | | | $ | | | | | | . | | |

each pay period. This authority will remain in effect until I have cancelled it in writing.

Financial Institution Information	Member Information
Credit Union: Community Healthcare Federal Credit Union	Name (Please print):
Address: PO Box 1147	SS#:
City, State, Zip: Everett, WA 98206	Signature:
Employer Name:	Date:
Address:	
City, State, Zip:	

325180508

TRANSIT ROUTING NUMBER (ABA)

STAPLE VOIDED CHECK HERE.