

# 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:

|   |                      |    |                      |
|---|----------------------|----|----------------------|
| <input type="checkbox"/> Checking Account # | <input type="text"/> | \$ | <input type="text"/> |
| <input type="checkbox"/> Savings Account #  | <input type="text"/> | \$ | <input type="text"/> |

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.**