

# DIRECT DEPOSIT REQUEST FORM



Member Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Please have my paycheck automatically deposited into the following account:**

Check Account Number \_\_\_\_\_

**OR**

Savings/Money Market Account Number \_\_\_\_\_

ElecTel Cooperative FCU Routing Number \_\_\_\_\_ 253176930 \_\_\_\_\_

I authorize \_\_\_\_\_ (name of business) and my bank to automatically deposit my paycheck into my account listed above (this includes my authorization to correct entries made in error). This authorization will remain in effect until I give written notice to cancel it.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_