

SEFCU[®] Direct Deposit

Full Name _____

Home Address _____

Employee ID# _____

SEFCU's Routing Number
221373383

Please check the services you are requesting

Full Direct Deposit

I hereby authorize my employer to pay the entire net amount of salaries and wages due to me to my account with SEFCU. I understand my authorization will continue until cancelled by me.

SEFCU 10-digit Account Number _____

Savings Checking

Percentage of Direct Deposit

I hereby authorize my employer to pay a specified percentage of the net amount of salaries and wages due to me to my account with SEFCU. I understand my authorization will continue until cancelled by me.

SEFCU 10-digit Account Number _____

Savings Checking

Percentage to be deposited _____

Payroll Deduction

I hereby authorize and request my employer to deduct the amount specified below from each payroll check and pay such amount to SEFCU. I understand my authorization will continue until cancelled by me.

Note: This specified amount(s) represents the total amount to be deducted per pay period and cancels any prior amount deducted.

SEFCU 10-digit Account Number _____

Savings Checking

SEFCU 10-digit Account Number _____

Savings Checking

SEFCU 10-digit Account Number _____

Savings Checking

SEFCU 10-digit Account Number _____

Savings Checking

SEFCU 10-digit Account Number _____

Savings Checking

Note: If you would like to list more than five account numbers, please use another copy of this form.

I am paid (check only one)

Weekly Monthly Bi-Weekly Semi-Monthly Other

I hereby authorize my employer to automatically deposit my payroll based on the above deposit preferences to my account with SEFCU. I also authorize my employer to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account with SEFCU.

Member Signature _____

Date _____