

# ArnotHealth

## Finger Lakes Health Care FCU Payroll Direct Deposit Request Form

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

I request that my full payroll check (or a portion of) be directly deposited to my account(s) at Finger Lakes Health Care FCU. I authorize the Credit Union to distribute my paycheck as listed below.

**Main Account #:**

**Savings or Checking (circle one)**

Savings Account #: \_\_\_\_\_

Amount \$: \_\_\_\_\_

Savings Account #: \_\_\_\_\_

Amount \$: \_\_\_\_\_

Savings Account #: \_\_\_\_\_

Amount \$: \_\_\_\_\_

Savings Account #: \_\_\_\_\_

Amount \$: \_\_\_\_\_

Savings Account #: \_\_\_\_\_

Amount \$: \_\_\_\_\_

Checking Account #: \_\_\_\_\_

Amount \$: \_\_\_\_\_

Checking Account #: \_\_\_\_\_

Amount \$: \_\_\_\_\_

Club Account #: \_\_\_\_\_

Amount \$: \_\_\_\_\_

**Total Amount \$:**

I understand that my check will be directly deposited into my main account and then distributed to the account(s) listed above.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

When would you like this direct deposit to begin?: \_\_\_\_\_

Please list a phone number where we may contact if we need to verify this request: \_\_\_\_\_

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**Special arrangements have been made with the Credit Union such that if you have direct deposit into your Credit Union checking account, you may use your ID-Badge to make direct deductions from your checking account. You can utilize this at the Café, Cafeteria, Coffee Kiosk, Gift Shop and certain other vendor services. The amount that you use will be deducted from your checking account immediately after your paycheck has been deposited.**

**I understand that if I utilize this service, I am fully responsible for all charges made with my unique badge/badge #. I would like to activate this voluntary feature and understand the provisions.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Accepted by: _____
Verified by: _____
Effective Date: _____