

ArnotHealth
Finger Lakes Health Care FCU
Payroll Direct Deposit Request Form

Name: _____ Last 4 digits of SSN: _____

I request that my payroll check be directly deposited into account #: 11280000.

I further request that my check be distributed to the following accounts as listed below.

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. If I wish to change the distributions, check amount or account numbers, I will complete a new form. If I wish to cancel my direct deposit, I must notify the credit union.

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: _____

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:	_____
New:	_____
Change:	_____