

ArnotHealth

Finger Lakes Health Care FCU
Payroll Direct Deposit Request Form

_____ AOMC
_____ St Joseph's
_____ Schuyler

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 \$:	_____
IRA Account #:	_____	Amount \$:	_____
Checking Account #:	_____	Amount \$:	_____
Checking Account #:	_____	Amount \$:	_____
Club 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: _____

Accepted by:	_____
New:	_____
OR	
Change:	_____