

# 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:	_____