



# Direct Deposit Form | Direct Deposit Switch Kit Form

Complete this form to authorize your employer to directly deposit your payroll or other credit to your Abbey Credit Union check or savings account.

## STEP 1

Complete this form.  
(Use one form for each request)

## STEP 2

Attach a voided check to this form

## STEP 3

Submit form & voided check to your employer or Human Resource Dept., or to the originator of your direct deposit.

**OR**

Abbey Credit Union will be glad to mail each Direct Deposit Switch Kit for you.

### TO:

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

### FROM:

Employee Name: \_\_\_\_\_

Employee Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Employee ID # \_\_\_\_\_

Employee Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Employee wishes to establish a:

\_\_\_\_\_ NEW DIRECT DEPOSIT

Employee wishes to Switch existing Direct Deposit:

\_\_\_\_\_ Please REDIRECT my EXISTING Direct Deposit

Account you would like your check automatically deposited into:

\_\_\_\_\_ Checking    \_\_\_\_\_ Savings    \_\_\_\_\_ Money Market

Abbey Credit Union Account Number: \_\_\_\_\_

Abbey Credit Union Routing Number: \_\_\_\_\_

I authorize \_\_\_\_\_ (employer company name) and Abbey Credit Union to automatically deposit my check into my account listed above. This authorization will remain in effect until I have filed a new authorization, or until this authorization is revoked by me in writing.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_