DIRECT DEPOSIT REQUEST FORM

TO:

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

NAME OF EMPLOYEE _____ **EMPLOYEE ID#** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

HOME PHONE # _____ **WORK PHONE #** _____

Effective _____ *please start making my direct deposit into my account at:*

JOLT CREDIT UNION
P.O. BOX 6338
SAGINAW, MI 48608
ROUTING NUMBER: 272484441
ACCOUNT NUMBER: _____

☐ **CHECKING ACCOUNT**   ☐ **SAVINGS ACCOUNT**

I authorize the above name organization to send my payroll to Jolt Credit Union for the purpose of automatically depositing funds to my designated Jolt Credit Union account.

SIGNATURE _____ **DATE** _____

Social Security Deposits can be set up through Jolt Credit Union's Accounting Department. Please contact the credit union at (800) 798-2328.

jolt CREDIT UNION