DIRECT DEPOSIT REQUEST FORM

то:					
EMPLOYER NAME:					
EMPLOYER ADDRESS:					
NAME OF EMPLOYEE		EMPLOYEE ID#			
ADDRESS					
CITY		STATE		ZIP	
HOME PHONE #		WORK PHONE #			
Effective	please	start making my direct de	posit into I	my account at:	
JOLT CREDIT UNI	ON				
P.O. BOX 6338 SAGINAW, MI 486	608				
ROUTING NUMBE		1			
	;K;				
	COUNT		NT		
l authorize the above organ of automatically depositing					
SIGNATURE				DATE	
Social Security Direct Depo	osit can he set	up by visiting www.godir	ect ora		



