

Direct Deposit Enrollment Form

I hereby request the following action for payroll deduction or direct deposit to my credit union. The request shall be effective, and remain in effect until such time as I become ineligible or notify you in writing to cancel.

EMPLOYEE NAME	Last	First	Middle

ADDRESS	Street	City	State	Zip Code

SOCIAL SECURITY NUMBER									
			-			-			

EMPLOYER

FINANCIAL INSTITUTION		
CREDIT UNION OF VERMONT	6 South Main Street	Rutland, VT 05701-4152

ROUTING TRANSIT NUMBER								
2	1	1	6	9	1	3	3	4

ACCOUNT NUMBER				
				0

SELECT TYPE OF ACCOUNT: (Check One)

Checking	Savings
<input type="checkbox"/>	<input type="checkbox"/>

Dollar Amount or Write: "Net Check" (for entire amount)	
\$.00

SIGNATURE	DATE