



Direct Deposit Sign-Up Form

Complete sections 1 and 2 on the form below. For paychecks, take the completed form to your payroll department. For non-paychecks, mail the form to the company or agency you have listed in section 2.

Section #1

A Name of Payee *(last, first, middle initial)*

Address *(street, route, P.O. Box, APO/FPO)*

City

State

Zip

Telephone Number

()

B Name of person(s) entitled to payment

C Claim or payroll ID number *(printed on government check)*

Prefix:

Suffix:

D Type of depositor account checking Savings

E Depositor account number

F Type of payment *(check one; more than one requires a separate form)*

Company Payroll

VA Compensation or Pension

Social Security

Fed. Salary/Mil. Civilian Pay

Supplemental Security Income

Mil. Active

Railroad Retirement

Mil. Retired

Civil Service Retirement (OPM)

Mil. Survivor

G This section for allotment of payment only

Type:

Amount:

I certify that I am entitled to the payment identified above. In signing this form, I authorize my payment to be sent to Florida Credit Union.

Signature:

Date:

Section #2

Company or Government Agency Name

Company or Government Agency Address

Section #3

Name, Address and phone number of Financial Institution:

Florida Credit Union - P.O. Box 5549

Gainesville, FL 32627

(352) 377-4141 or (800) 284-1144

Routing Number:

2631 - 7841

Check Digit:

0