

Direct Deposit Form

Please complete the direct deposit form and forward it to your payroll department for faster processing.

Authorization Code: New Change Cancel I authorize you and Energy CU to initiate electronic credit entries,																							
and if necessary, debit entries and adjustments for any credit entries in error to my:																							
Checking Account #																\$		0					
Savings Account #																\$							
each pay period. This authority will remain in effect until I have cancelled it in writing.																							
Financial Institution Information										Account Holder Information													
Financial Institution: Energy CU										Name (Please print):													
Address: 156 Spring Street										SS#:													
City, State, Zip: West Roxbury, N	Sigr	Signature:																					
Employer Name:										Date:													
Address:																							
City, State, Zip:																							
■ 211083528 ■ TRANSIT ROUTING NUMBER (ABA)																							
STAPLE VOIDED CHECK HERE.																							