

Direct Deposit Form

Please print, complete information and give to your Human Resources Department for payroll direct deposit as well as provide forms to any other company with which you have direct deposit funds being allocated into your accounts. Please use the Treasury Department Standard Form1199A form for other governmental direct deposit benefits. You may also make arrangements by contacting the social security Administration at 1-800-772-1213.

Employer/Depositor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I recently switched my account to Chivaho Federal Credit Union and I hereby authorize the above name depositor to deposit my money into the account or accounts listed below.

My Current Payroll/funds are deposited at:

Financial Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, please begin direct deposit to:

Chivaho Federal Credit Union (740)775-3381

190 N. Bridge St

Chillicothe, OH 45601

Routing Number: 244274744

My Chivaho Accounts:

Checking Account # \_\_\_\_\_\_\_\_\_\_\_ % or amount of $ to deposit \_\_\_\_\_\_\_\_\_\_

Savings Account # \_\_\_\_\_\_\_\_\_\_\_ % or amount of $ to deposit \_\_\_\_\_\_\_\_\_\_

Club Account Account # \_\_\_\_\_\_\_\_\_\_\_ % or amount of $ to deposit \_\_\_\_\_\_\_\_\_\_

Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Member Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security #: \_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_ Employer ID# \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_