

Direct Deposit Request Form



To: _____
(Employer Name & Address)

I, _____
Name of Employee Employee ID Number

_____ Address City State Zip

(_____) _____ (_____) _____
Home Telephone Number Work Telephone Number

wish to change my direct deposit from:

Bank Name: _____

Bank Routing Number: _____

Account Number: _____

Effective _____, please start making this direct deposit into my account at:

AmeriCU Credit Union
1916 Black River Blvd.
Rome, NY 13440
800-388-2000
Routing Number: 221375802
Account Number: _____

Checking Account **Savings Account**

I authorize the above named organization to send my payroll to AmeriCU Credit Union for the purpose of automatically depositing funds to my designated AmeriCU Credit Union account.

Signature Date

*If necessary, staple a voided AmeriCU Credit Union check and submit to your employer. **Questions?** Visit your local branch of AmeriCU Credit Union, contact our Call Center at 1-800-388-2000, or email us at support@americu.org.

Equal Housing Lender. Membership Restrictions Apply.

