



Patriot Federal Credit Union
P.O. Box 778
800 Wayne Avenue
Chambersburg, PA 17201-0778
717-263-4444 / 301-766-7328 / 888-777-9982
Fax: 717-263-8684
www.patriotfcu.org

Direct Deposit Authorization Form

This form may not be applicable to your employer. Check with your employer's payroll department to verify that direct deposit is available to you and if there is a standard form already in use for enrollment. In lieu of a standard form, this completed form provides all the information that most employers would require.

For your convenience, Patriot Federal Credit Union's routing number (ABA Number) is already included on this form. Questions about your employer's ability to direct deposit your paycheck should be directed to your employer's payroll department. Patriot Federal Credit Union can readily accept direct deposit from any employer via the ACH network.

This completed and signed form should be returned to your employer's payroll department.

(Please detach here)

Direct Deposit Authorization

Check one of the following: <input type="checkbox"/> Start <input type="checkbox"/> Stop <input checked="" type="checkbox"/> Change		Effective Date: <input type="checkbox"/> As Soon As Possible Future Paydate:	
Name		Social Security or Employee Number	
Financial Institution Name Patriot Federal Credit Union		Financial Institution Location and Phone PO Box 778 Chambersburg, PA 17201 717-263-4444	
Routing Number 231379979	Account Number	Type of Account: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings	

I authorize _____ (Employer) to direct funds to my account at Patriot Federal Credit Union. If funds to which I am not entitled are deposited in my account, I authorize my employer to initiate a correcting (debit) entry. I understand that the authorization may be rejected or discontinued by the employer at any time. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to me will be returned to the employer for distribution. This will delay my check.

Date

Employee Signature

Daytime Phone Number

*** For Checking Deposits, please attach a voided check (not a deposit slip)**