



**Direct Deposit Authorization Form**

*Submit this form to your employer*

**Type of Direct Deposit**

- Employee Payroll
- Pension/Retirement
- Social Security
- Other (details) \_\_\_\_\_

**Employee Information**

Name: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Frequency: \_\_\_\_\_  
 Start Date: \_\_\_\_\_

Deposit Account:     Savings \_\_\_\_\_     Checking \_\_\_\_\_

Member Number: \_\_\_\_\_

**Credit Union Information**

Credit Union Name:            Town of Hempstead Employees Federal Credit Union  
 Routing Number:            221475867

Employer Name: \_\_\_\_\_

I hereby authorize my paycheck to be sent to the Town of Hempstead Employees Federal Credit Union based upon the instructions above. This authorization is to remain in effect on a recurring basis until I notify you in writing of its cancellation.

---

Signature \_\_\_\_\_ Date \_\_\_\_\_