



DIRECT DEPOSIT REQUEST FORM

TO: _____
Employer Name

Employer Address

Name of Employee Employee ID Number

Address City State Zip

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

Please change my direct deposit from:

Bank Name: _____

Bank Routing Number: _____ Account Number: _____

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

St. Lawrence Federal Credit Union
800 Commerce Park Drive
Ogdensburg, NY 13669
315-393-3530

Routing #: 221378906

Account #: _____

Checking Savings

Full Pay Partial Pay of \$ _____

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

Signature Date