



DIRECT DEPOSIT FORM

Routing & Transit #222382438 | 10 Benton Place/ PO Box 40, Sodus, NY 14551 | 800-724-9282 | reliantcu.com

Name: _____

Social Security #: _____

Employer Name: _____

Employer Phone: _____

Employee # (if applicable): _____

What would you like to do with your direct deposit/payroll?

- Start
- Change
- Cancel

Into what account would you like your payroll to go?

- Savings Account #
- Checking Account #
- HSA Checking Account #

Routing and Transit #

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How much of your payroll do you want coming to Reliant?

- Send my entire paycheck (net pay) to Reliant
- Send \$_____ per paycheck to Reliant
- Send _____ % per paycheck to Reliant

I hereby authorize my employer to send the amount indicated above to my account at Reliant Community Federal Credit Union until further notice.

Member Signature: _____

Date: _____

Print document and give to member. Do not Submit. No Opportunity needed