



DIRECT DEPOSIT INITIATION

**DIRECT DEPOSIT**

Your payroll department will require this information to begin Direct Deposit. Please complete this form and submit to **YOUR** Payroll Department.

**Member Name:** \_\_\_\_\_ **SSN/TIN** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Home Phone #** \_\_\_\_\_

**Work Phone #** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_

**ABA ROUTING NUMBER:**  
**221278307**

**Full Direct Deposit:** \_\_\_\_\_

**Partial Direct Deposit:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**MEMBER NUMBER:** \_\_\_\_\_

Please choose which type of account you would like to receive the funds. Please be sure to use only your **MEMBER** number on the above line.

**Regular Savings**

**Share Draft  
(Checking)**

[www.CountyEdfcu.org](http://www.CountyEdfcu.org)

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