



NY TEAM Federal Credit Union
 65 Broadway
 Hicksville, NY 11801
 (516) 822-1070
 Fax: (516) 822-2478

NON-CHARTER DIRECT DEPOSIT FORM

Account #: _____

Visit our website
www.nyteamfcu.org

Member's Information

Primary Member: _____ Date: _____
 Social Security #: _____ Employer: _____
 Phone #: _____ Employee #: _____
 Work Phone: _____ Email: _____

Disclosure

I authorize my Employer to deduct from my wages each week the amount indicated below and to forward such amount to NY TEAM Federal Credit Union on my behalf. In addition, I hereby further authorize my Employer to deduct from my wages each week any increased amount which I have authorized NY TEAM Federal Credit Union to take on my behalf.

In the event that my employment with my Employer should cease, for any reason whatsoever, either temporary or permanently, I hereby authorize my employer to pay NY TEAM Federal Credit Union any and all monies due from my employer, to satisfy any outstanding balance owing to the said Credit Union by me and existing at the time of my cessation of service.

I have read the above conditions and I understand and agree to be bound by them.

**Note: Different forms are needed for LIRR, MTA, SIRTOA, AMTRAK, NJ TRANSIT
 Please contact the Credit Union for necessary forms and information.**

Direct Deposit Information

Initial Authorization Change in Authorization

Deposit Amount: Net Check \$ _____

Payroll Period: Weekly Biweekly Monthly Semi-Monthly

Credit Union R/T No: 2260-7612-2

Account Number: _____

Authorization

 Primary Signature

 Date