

Authorization for Direct Deposit for Delta Employees

If you are not a Delta employee, please contact your employer for Direct Deposit.

Form Instructions 4 - Fax to: 404-677-4893 or **1 –** Complete all applicable fields Mail to: Delta Community Credit Union 2 - Print completed form P.O. Box 20541 or Dept 930/ATG 3 – Sign and date the **Signature** section Atlanta, GA 30320-2541 Attention: eBusiness **Member Information** Form must be received in the office 10 days prior to the desired effective date. Deduct From: (next pay date) Effective Date Employee Name **Employee Number** Your account number must be your employee number in order to have direct deposit. By signing below you are giving Delta Community Credit Union the authority to change your member account number to your Delta employee number. This process takes 24 hours to update. You will need to make any adjustments to merchants receiving automatic payments (ACH) to or from savings account only. Checking will not change. Signature Date If you previously had direct deposit to another financial institution and want direct deposit to Delta Community you must notify the Delta Payroll Department (831) in writing before the direct deposit at Delta Community will occur. Please select your employment status: Retired Long Term Disability Foreign Active Delta _____ Survivor _____ Please select your pay period Semi Monthly (15th& last day) _____ Bi-Weekly (every other wk) ____ Weekly (NYCPMNW) ____ PMNWFA (13th & 27th) _____ Monthly (1st) Please select applicable Direct Deposit **Initiate Direct:** Savings: ID _ __ (Ex: 00 or 30) I would like to put all or part of my payroll into Total payroll to savings? Yes___No another account: If no, amount to deposit to savings \$____ Checking: ID ___ Member Name __ (Ex. 10,35) Total payroll to checking? Yes No If no, amount to deposit to checking \$_ Delta Community CU Account Number Change an existing Direct Deposit: Please change my Direct Deposit Savings: From \$_____ to \$__ Checking: : From \$_____ to \$ ID Number ___ to \$_ Amount \$ Cancel direct deposit: Savings_____ Checking_ Current email address: __ Signature By signing below, I authorize Delta Community Credit Union to schedule payroll deposits as indicated above.



Member Signature



Today's Date