

Cooper's Cave Federal Credit Union Direct Deposit Form

Please complete the direct deposit form and forward it to your payroll department for faster processing.

Authorization Code: ☐ New ☐ Change ☐ Cancel

I authorize you and Cooper's Cave Federal Credit Union to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

☐ Checking Account # 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 \$ 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☐ Savings Account # 



--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 \$ 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

each pay period. This authority will remain in effect until I have cancelled it in writing.

Financial Institution Information	Account Holder Information
Financial Institution: Cooper's Cave Federal Credit Union	Name (Please print):
Address: 92 Dix Avenue	SS#:
City, State, Zip: Glens Falls, NY 12801-4439	Signature:
Employer Name:	Date:
Address:	
City, State, Zip:	

 221375682   
TRANSIT ROUTING NUMBER (ABA)

STAPLE VOIDED CHECK HERE.