

# AbbVie Payroll

## ALEC Deposit Initiation / Change Request Form

### **Initiation Request – NEW MEMBERSHIP**

To begin direct deposit/payroll deduction of your AbbVie payroll to an Abbott Laboratories Employees Credit Union (ALEC) account, complete the form below and return with your completed ALEC Membership Application and required minimum deposit of \$5.00 to:

**ALEC**  
**401 N. Riverside Drive, Suite 1-A**  
**Gurnee, IL 60031-5915**

Once your membership is opened, ALEC will forward your Payroll Deposit Initiation Request to your payroll department for processing.

### **Initiation Request – FOR EXISTING ALEC ACCOUNTS**

Complete the form below including your ALEC member number and return to your local payroll department.

Please note:

- If you are the JOINT OWNER, and not the PRIMARY owner (primary owner is your spouse, your children, etc.) on the account to which you are depositing, please complete the gray box noting the Primary Member Name on the account along with their Social Security Number.
- If you are selecting a fixed amount (Payroll Deduction) to be deposited to ALEC and it is to replace an existing fixed deposit to another financial institution, you must contact your Payroll Department to stop the existing fixed deposit.
- If you are requesting payroll deposit to multiple ALEC memberships, please use a separate Payroll Deposit Initiation Request form for each membership number.

### **Change Request – TO CURRENT DEDUCTION**

To request a change to your current deduction to ALEC:

- Complete the form below and return to your local Payroll Department.
- Contact AbbVie Payroll department for other options.

Phone: 847.937.7077; Fax: 847.938.8581; Intranet: payroll.web.abbott.com



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 DETACH BELOW  
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### **ABBVIE PAYROLL DIRECT DEPOSIT INITIATION / CHANGE REQUEST**

**ALEC Routing Number: 071993162**

SSN \_\_\_\_\_

ALEC Member Number \_\_\_\_\_

Employee Name \_\_\_\_\_

Extension / Phone No. \_\_\_\_\_

If you are a JOINT OWNER, and NOT the PRIMARY member on the ALEC Membership above (primary owner is your spouse, your children, etc.) please provide the following:

Primary Member Name \_\_\_\_\_ Primary SSN \_\_\_\_\_

<b>Deposit Balance of Paycheck (Direct Deposit)</b>	<b>Fixed Amount (Payroll Deduction)</b>						
<p><u>Action</u> Please check one <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop</p> <p><u>Account Type</u> Select one</p> <p><input type="checkbox"/> Savings (Share 01)</p> <p><input type="checkbox"/> Checking (Share Draft 75)</p>	<p><u>Action</u> Please check one <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop</p> <table border="0"> <tr> <td><u>Account Type</u></td> <td><u>Deposit Amount</u></td> </tr> <tr> <td><input type="checkbox"/> Savings (Share 01)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Checking (Share Draft 75)</td> <td>\$ _____</td> </tr> </table> <p><i>If this deposit replaces a fixed amount at another financial institution, please notify your payroll department to make a change.</i></p>	<u>Account Type</u>	<u>Deposit Amount</u>	<input type="checkbox"/> Savings (Share 01)	\$ _____	<input type="checkbox"/> Checking (Share Draft 75)	\$ _____
<u>Account Type</u>	<u>Deposit Amount</u>						
<input type="checkbox"/> Savings (Share 01)	\$ _____						
<input type="checkbox"/> Checking (Share Draft 75)	\$ _____						

I authorize the direct deposit / payroll deduction from my paycheck per pay period into my ALEC share account(s) as indicated above.

X \_\_\_\_\_  
 Employee Signature Date

Please return completed form to your local AbbVie Payroll Department or mail to:  
**ALEC, 401 N. Riverside Dr. Suite 1-A, Gurnee, IL 60031-5915.**