

Direct Deposit Request Form



To make your Direct Deposit experience easier, please give this form to the company that processes your Direct Deposit (payroll, pension, Social Security).

Member Information

Name _____ Daytime Phone Number _____

Name of Employer/Pension/SS _____

I hereby authorize my Direct Deposit to be sent to my Alternatives Federal Credit Union account. Please make this change immediately.

Signature _____ Date _____

For Deposit into Checking: **1015** _____

For Deposit into Savings: **1015** _____

Alternatives' Routing Number: 221381867

Questions? Confirm the above information with a Member Service Specialist at 607.273.4611

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