



An educated choice

DIRECT DEPOSIT REQUEST FORM

Please print all information.

To: Human Resources/Payroll Department

This is to inform you that I have a Savings/Checking Account with the Tobacco Valley Teachers Federal Credit Union and would like to establish direct deposit to my account(s) as listed below:

DIRECT DEPOSIT INFORMATION

Routing # 211176969

Credit Union Name: Tobacco Valley Teachers Federal Credit Union

Account type: Checking Savings

Amount: Entire Check \$ _____ Account # _____

EMPLOYER INFORMATION

Human Resources/Payroll Department

Fax # _____

Mailing Address: _____

EMPLOYEE INFORMATION & AUTHORIZATION

Employee Name: _____

Employee ID: _____

I authorize _____ to establish the above direct deposit to my Tobacco Valley Teachers Federal Credit Union account(s) as listed above.

P 860-253-4780

P 800-749-8305

F 860-253-4785

182 South Road
Enfield, CT 06082



EMPLOYEE SIGNATURE

DATE