



Direct Deposit Payroll Request Form

Instruction: Provide this completed form to your employer's payroll department. Your employer will do the rest.

To

Employer/Organization Name

Mailing Address

From

Member Name

RE: Change of Direct Deposit Routing

To Whom It May Concern:

Please send my automatic direct deposit to OneAZ Credit Union using the ABA Routing Number and Account Number(s) below.

Checking Account

Account Number

Amount

Savings Account

Account Number

Amount

OneAZ Credit Union Information

Physical Address

Routing Number

Signature

By signing below, I hereby authorize the organization indicated above to initiate the deposit of my funds to my OneAZ Credit Union account(s). This authorization will remain in effect until I provide written notice of change or cancellation to the originating organization.

Primary Printed Name

Date

Signature

Joint Printed Name (if applicable)

Date

Signature