

DIRECT DEPOSIT FORM

ACCOUNT NUMBER _____

DATE _____

NAME _____

SSN _____

The Wright Credit Union

ROUTING # 261173514

TO EMPLOYER: _____

PAYROLL NUMBER:	
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I hereby authorize you to deduct the following from my pay until further notice, and transmit to the above named Credit Union.

___ MONTHLY ___ SEMIMONTHLY ___ BIWEEKLY ___ WEEKLY

___ NEW ___ CHANGE ___ STOP ___ REALLOCATE

EMPLOYEE SIGNATURE _____

TOTAL DEDUCTION
EFFECTIVE DATE
CREDIT UNION EMPLOYEE

You Must Print, Sign, and Return to Credit Unio

The Wright Credit Union
P.O. Box 238
Toccoa GA, 30577
Fax: (706) 886-0154