



# New Hampshire

FEDERAL CREDIT UNION

## DIRECT DEPOSIT and PAYROLL DEDUCTION AUTHORIZATION

EMPLOYEE/MEMBER INFORMATION					
Last Name	First	Middle	Account Number		
Home Address (must be a street address; P.O. Boxes are not acceptable)		Apt/Unit #	City	State	Zip
Employee ID No.	Home Phone Number		Work Phone Number		

### PAYROLL DEDUCTION/DIRECT DEPOSIT

Member: **Check with your employer to see if they will accept this form.**

I receive my paycheck:  bi-weekly  weekly  monthly  semi-monthly, and I understand that my paycheck (or portion thereof) will be deposited into the Credit Union at this same frequency.

My Credit Union's information is as follows:

New Hampshire Federal Credit Union  
70 Airport Road, Concord, NH 03301

**Routing/Transit Number: 211489083**

Office Use Only:  
PIR to be effective: \_\_\_\_\_ Employees Initials: \_\_\_\_\_

Please deposit into my:

Share Savings  Share Draft Checking   
 deposit entire paycheck  deposit partial paycheck \$ \_\_\_\_\_

### EMPLOYEE/MEMBER SIGNATURE

By signing below, I authorize and instruct my employer to take the actions indicated above with regard to my paycheck each pay period and to remit said sums directly to the Credit Union. I understand that this Authorization will remain in effect until I cancel it or provide different instructions in writing to my employer. I acknowledge receipt of the Credit Union's Electronic Funds Transfer Act (Reg E) Disclosures.

EMPLOYEE/MEMBER'S SIGNATURE <b>X</b>	DATE
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