

Santo Christo FCU Direct Deposit Form

Please complete the direct deposit form and forward it to your payroll department for faster processing.

Authorization Code: New Change Cancel



I authorize you and Santo Christo FCU to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

Checking Account # \$

Savings Account # \$

each pay period. This authority will remain in effect until I have cancelled it in writing.

| Financial Institution Information | Account Holder Information |
|---|----------------------------|
| Financial Institution: St. Anthony of Padua FCU | Name (Please print): |
| Address: 806 Bedford Street | SS#: |
| City, State, Zip: Fall River, MA 02723 | Signature: |
| Employer Name: | Date: |
| Address: | |
| City, State, Zip: | |

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|---|
|  211382724  TRANSIT ROUTING NUMBER (ABA) |
|---|

STAPLE VOIDED CHECK HERE.

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| Print this page |
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