## 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: Santo Christo FCU Name (Please print): Address: 149 Columbia Street SS#: City, State, Zip: Fall River, MA 02721 Signature: Employer Name: Date: Address: City, State, Zip: ■ 211382724 ■ TRANSIT ROUTING NUMBER (ABA) STAPLE VOIDED CHECK HERE. Print this page