Direct Deposit Switch Kit Form

Complete this form to authorize an employer to directly deposit your payroll or other credit to your Wright-Patt Credit Union checking or savings account.

3 Easy *steps*:

1. Complete this form.
2. Attach a voided check to this form to confirm your account and routing number
3. Submit this completed form and a voided check to your Human Resources/Payroll Department, or to the originator of your direct deposit.

OR

If you prefer, we will be glad to mail each Direct Deposit Switch Kit Form for you.

To: _____

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

From: _____

Employee Name: _____

Employee Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Employee ID Number *(If different than SSN)* _____

Telephone Number: _____

Please direct my:
☐ Existing Direct Deposit ☐ New Direct Deposit

Account you would like your check automatically deposited into:
☐ Checking ☐ Savings ☐ Money Market

Wright-Patt Credit Union Account No.: _____

Wright-Patt Credit Union Routing No.: **242279408**

Name on Account: _____

One form should be used for each request. Please make copies as needed.

Please place voided check here

I authorize *(name of company)* _____ and Wright-Patt Credit Union to automatically deposit my check into my account listed above. This authorization will remain in effect until I have filed a new authorization or until this authorization is revoked by me in writing.

Employee Signature: _____ Date: _____