

DIRECT DEPOSIT FORM

Please complete Part 1 and mail to the address below.

Part I: To Be Completed by the Member			
MEMBER NAME:			
(Last)	(First)	(Middle)	
HOME ADDRESS:			
(Address)	(City)	(State)	(Zip)
SOCIAL SECURITY NUMBER:	HOME		
MEMBERIC EMPLOYER (CO. NAME).			
CO. ADDRESS:			
(Address)	(City)	(State)	(Zip)
Please Check Only One Item Below:			
Establish Direct Deposit of Payroll Check	Establish a Direct Deposit Allotment of \$		
Cancel Direct Deposit of Payroll Check	Cancel a Direct Deposit Allotment of \$		
	Change a Current Direct Deposit Allotment from	n \$ to \$	
NOTE: By choosing an allotment, only your req will be sent to you as a paper payroll ch	uested amount will be electronically deposited. The rer eck.	nainder of your payrol	l check
Please indicate to which account funds should	be deposited: Checking A voided check must be sent with	your application. Saving	gs
Please indicate member number to be credite	d: Use MICR if	Checking is selected.	
	and that I have read and understand the information al nunity Credit Union to be deposited to the designated		
Signature of Member:		Date:	
Part II: To Be Com	pleted by Eagle Community Cred	dit Union	
Eagle Community Credit Union Attn: Accounting/Payroll Processing P.O. Box 5196 Lake Forest, CA 92609-8696 (949) 588-9400 or (800) EAGLE CU	Routing Number 3 2 2 2 8 1 9 9	2	
	Financial Institution Certification If the account number. As a representative of the above name the payment indentified above in accordance with 31 CFR particles.		ertify that
Credit Union Representative's Name (Please Print)	Signature		
Title	Date		