

Direct Deposit Form

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

To The Employer:

Employer Name:

Employer Address:

City:

State:

Zip:

From Employee:

Employee Name:

Employee Address:

City:

State:

Zip:

Telephone #:

Social Security #:

Please direct my:

Existing Direct Deposit New Direct Deposit

Type of account to automatically deposit into:

Checking Savings Money Market

Name On Account:

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

*I authorize (name of company) _____
and New Horizons Credit Union, Inc. 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/Member Signature:

Date: / /

3 Easy Steps To Switch

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 voided check to your Human Resources/Payroll Department.

**Customer/Member
staple voided
check here:**