

Direct Deposit Enrollment



ACCOUNT HOLDER

EMPLOYER

Name:	Name:
Address:	Address:
City: State: Zip:	City: State: Zip:
Last 4 digits of Social Security Number:	

ACTION New Change

EFFECTIVE DATE:

DIRECT DEPOSIT ACCOUNT INSTRUCTIONS

I authorize my employer to deposit my wages/salary to the following SCCCU account(s):

ACCOUNT #1 ROUTING NUMBER:

Account Type (select one):			Amount to deposit (select one):		
<input type="radio"/> Checking	Account Number	<input type="text"/>	<input type="radio"/> Specific Amount:		
<input type="radio"/> Savings	Account Number	<input type="text"/>	<input type="radio"/> Percentage of Net Pay:		

ACCOUNT #2 ROUTING NUMBER:

Account Type (select one):			Amount to deposit (select one):		
<input type="radio"/> Checking	Account Number	<input type="text"/>	<input type="radio"/> Specific Amount:		
<input type="radio"/> Savings	Account Number	<input type="text"/>	<input type="radio"/> Percentage of Net Pay:		
			<input type="radio"/> Remainder of Net Pay		

By signing below, I agree that I am the account holder and I authorize my employer to make direct deposits into the named account(s) above.

Signature

Date

Printed Name

MEMBER CALL CENTER: 831-425-7708

Santa Cruz
324 Front Street
Santa Cruz, CA 95060

Watsonville
590 Auto Center Dr., Suite 2A
Watsonville, CA 95076

Soquel
2750 41st Avenue, Suite F
Soquel, CA 95073