

El Monte Community Credit Union Direct Deposit Form

Please complete the direct deposit form and forward it to your payroll department for faster processing

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Authorization Code: I authorize you and El Monte Community Credit Union to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:					
	ents for any	credit	entries in error to r	ny: Checking	\$
Checking Account #				Checking	>
				Savings	\$
Savings Account #					
each pay period. This authority will remain in effect	until I have	e cance	elled it in writing.		
Financial Institution Information	Ac	count Holder Inform	ation		
Financial Institution: El Monte Community Credit Union	Name (Please pri	nt)			
Address: 11718 Ramona Blvd					
City. State. Zip: El Monte CA 91732	Signature				
Employer Name	Date.				
Address:					
City. State, Zip					
TRANSIT ROUTING NUMBER (ABA)					
STAPLE VOIDED CHECK HERE.					
	Print this p	bage			