Direct Deposit Enrollment Form

Present the following form to your employer to direct deposit your payroll into your MEMBERS1st Account. To setup direct deposit for Social Security, visit www.ssa.gov/deposit or call 800-772-1213. Please keep in mind that with this request, some employers may request a voided check or other official document from MEMBERS1st.

Employer Name			Employer Number
Employer's Addres	ss		City/State/Zip
Employer Telepho	ne Number		
I request to I	Direct Depos	it to MEMBERS1st Co	ommunity Credit Union:
MEMBERS1st Cor	nmunity Credit l	Jnion	
Financial Institution's Name			Account #
273975331			
ABA/Routing Num	ber		
Account Type	Checking	Savings	
Name (Printed)			Email Address
Address			City/State/Zip
Signature		Date	Telephone

