

# GENERAL EMPLOYMENT DIRECT DEPOSIT SIGN-UP FORM

**DIRECTIONS:**

- Fill out all sections completely
- Return original form to employer
- Retain copy for Credit Union use
- Give copy to employee



**SECTION 1**

Name of Payee (Last, First, Middle initial)	Social Security Number [ ][ ][ ]-[ ][ ][ ]-[ ][ ][ ][ ][ ]
Address	Type of Depositor Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
City                      State              Zip Code	Depositor Account # [ ][ ][ ][ ][ ][ ][ ][ ][ ]
Daytime Telephone # (      )	Routing/Transit # [2][6][3][0][7][9][2][8][9]

**SECTION 2**

Employer Name	Employer Address
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**SECTION 3**

I hereby certify that the above information is correct, and I authorize the above Employer to initiate the Direct Deposit.	
Signature:	Date:



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Jacksonville, FL 32257-6109  
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Representative:	Date:
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