

## Direct Deposit and Payroll Deduction Application

Complete this form in order to establish, change, or delete a Direct Deposit or Payroll Deduction. If you'd like to change your payroll distribution to include other CAP COM Accounts, call (800) 468-5500 after your first check is deposited or, you can complete the Direct Deposit and Payroll Distribution Application on Page 2.

Print Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

How often you are paid:  Weekly  Bi-Weekly  Monthly  Other \_\_\_\_\_

I am interested in:

Direct Deposit

Establishing Direct Deposit of your entire paycheck to:  Savings or  Checking

Deleting Direct Deposit

OR

Payroll Deduction - Depositing a portion of your paycheck to:  Savings or  Checking

Establishing Payroll Deduction in the total amount of \$ \_\_\_\_\_

Changing your existing Payroll Deduction from a total of \$ \_\_\_\_\_ to \$ \_\_\_\_\_

Deleting an existing Payroll Deduction

**CAP COM FCU ROUTING AND TRANSIT NUMBER IS: 221373273**

I hereby authorize and direct my employer to take the action(s) above with regards to my wages, benefits or pensions each pay period and on my behalf, to remit such sum currently to CAP COM FCU.

Member's Signature

Date

CAP COM Signature

Date

## Direct Deposit and Payroll Distribution Application

Please read this important message. Completion of this form is for the purpose of establishing, changing or deleting a Direct Deposit or Payroll Deduction.

Print Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

How often you are paid:     Weekly     Bi-Weekly     Monthly     Other

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

I hereby authorize and direct my employer to take the action(s) above with regards to my wages, benefits or pensions each pay period and on my behalf, to remit such sum currently to CAP COM FCU.

**Please use this list below to distribute your Direct Deposit or Payroll Deduction. It is important that you complete this ENTIRE listing EACH time you establish, change or delete your distribution.**

TYPE OF ACCOUNT	ACCOUNT NUMBER	ID	AMOUNT PER PAY PERIOD
Savings	_____	___	_____
Checking	_____	___	_____
Member Choice	_____	___	_____
Holiday Club	_____	___	_____
Other Account	_____	___	_____
Other Account	_____	___	_____
Other Account	_____	___	_____
Loan	_____	___	_____
Loan	_____	___	_____
Loan	_____	___	_____
Loan	_____	___	_____

Member's Signature \_\_\_\_\_

Date \_\_\_\_\_

Office use only  
 Process Date \_\_\_\_\_

