



DIRECT DEPOSIT SIGN UP FORM

Take this completed form to your employer’s payroll department to request direct deposit of your payroll check.

Name: _____

Date of Birth: _____

Last 4 digits Social Security Number: _____

Please directly deposit my payroll to the following account:

**Health Care Professionals FCU
1810 Williamsburg Pike
Richmond, IN 47374
Routing/Transit/ABA# 274986413**

Account # _____ Checking / Savings (circle one)

_____ Net or _____ Partial deposit in the amount of \$ _____ each pay

Signature Date

I authorize _____ (Name of Employer) and HCPFCU to automatically deposit my payroll check into my account listed above (this includes my authorization to correct entries made in error.) This authorization will remain in effect until I give written notice to cancel it.



765-962-3172
 contact@hcpfcu.org
 www.hcpfcu.org

Richmond:
1810 Williamsburg Pike
Richmond, IN 47374
Phone/Fax/Sybil: (765) 962-3172

Connersville
1941 Virginia Avenue
Connersville, IN 47331
Phone & Fax: (765) 827-7724