Delta Schools Federal Credit Union Direct Deposit Form

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

Authorization Code: ☐ New ☐ Change ☐ Cancel

I authorize you and Delta Schools Federal Credit Union to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

☐ Checking Account # _____ $ _____.__

☐ Savings Account # _____ $ _____.__

each pay period. This authority will remain in effect until I have cancelled it in writing.

Financial Institution Information	Account Holder Information
Financial Institution: Delta Schools Federal Credit Union	Name (Please print):
Address: P.O. Box 2566	SS#:
City, State, Zip: Antioch, CA 94531-2566	Signature:
Employer Name:	Date:
Address:	
City, State, Zip:	

⑆321171391⑆

TRANSIT ROUTING NUMBER (ABA)

STAPLE VOIDED CHECK HERE.