



Direct Deposit Form

Member Name		Social Security Number	
Name & Address of Depository: Access Credit Union 1807 W Cermak Rd Broadview, IL 60155 Ph: (708) 343-0228 Routing #: 271081939		Member #:	Account Type: (check one) <input type="checkbox"/> Savings <input type="checkbox"/> Checking
I hereby authorize my employer to directly deposit my pay into my account(s) each payday. This authority will remain in effect until I file a new direct deposit form.			
Signature _____ Date _____			
Credit Union Use Only Payroll Grp #: _____	Total Deduction (check one) <input type="checkbox"/> \$ NET <input type="checkbox"/> \$ _____	Today's Date	Start Date
DISTRIBUTE PAYROLL AS SHOWN BELOW			
<u>Account Name</u>	<u>Amount (check one)</u>		
Savings	<input type="checkbox"/> \$ NET <input type="checkbox"/> \$ _____		
Checking	<input type="checkbox"/> \$ NET <input type="checkbox"/> \$ _____		
Holiday Savings	<input type="checkbox"/> \$ NET <input type="checkbox"/> \$ _____		
Secondary/Other Savings	<input type="checkbox"/> \$ NET <input type="checkbox"/> \$ _____		
Money Market <small>(minimum \$100 deposit)</small>	<input type="checkbox"/> \$ NET <input type="checkbox"/> \$ _____		
Loan # _____	Payment: \$ _____		
Loan # _____	Payment: \$ _____		
Loan # _____	Payment: \$ _____		
(Credit Union Use Only) Clerk:	Date Received	Date Input	