



**DIRECT DEPOSIT FORM TO CREDIT UNION**

NAME OF PAYEE			DEPOSIT ACCOUNT NUMBER		
ADDRESS			<input type="checkbox"/> SAVINGS _____ <input type="checkbox"/> CHECKING _____		
CITY	STATE	ZIP	TYPE OF PAYMENT (CHECK ONE) <input type="checkbox"/> PAYROLL <input type="checkbox"/> SOCIAL SECURITY <input type="checkbox"/> OTHER _____		
TEL.					
NAME(S) OF ACCOUNT OWNER(S)					
I certify that I am entitled to the payment identified above. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.					
SIGNATURE		DATE			
SIGNATURE		DATE			

**EMPLOYER INFORMATION**

NAME	ADDRESS	PHONE

**FINANCIAL INSTITUTION INFORMATION:**

**PRIORITY PLUS FEDERAL CREDIT UNION**  
 6 Lynam St.  
 Wilmington De 19804

**ROUTING NUMBER            231177281**

6 Lynam Street  
 Wilmington, De 19804-3135  
 Phone (302) 633-6480      Fax (302) 633-6481