



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