# Wiremen's Credit Union Inc Direct Deposit Form

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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 Wiremen's Credit Union Inc 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: Wiremen's Credit Union Inc | Name (Please print): |
| Address: 5800 State Road | SS#: |
| City, State, Zip: Parma, OH 44134 | Signature: |
| Employer Name: | Date: |
| Address: | |
| City, State, Zip: | |

⑆ 241081493 ⑆

TRANSIT ROUTING NUMBER (ABA)

**STAPLE VOIDED CHECK HERE.**