

State Employees' Credit Union®



Direct Deposit Authorization Form

Complete this form and take it to your Human Resources/Payroll office to initiate/change your Direct Deposit.

| Employer Information | | |
|---|---------------|---------------------|
| Please complete the following information regarding the Employer. | | |
| Name: | | |
| Address: | | |
| City: | | |
| State: | Zip Code: | Phone Number: |
| Employee Information | | |
| Please complete the following information regarding the Employee. | | |
| Name: | | ID Number: |
| Social Security Number (SSN): | | |
| Address: | | |
| City: | | |
| State: | Zip Code: | Phone Number: |
| New Direct Deposit Information | | |
| Please complete the following information regarding the Direct Deposit. | | |
| Name: State Employees' Credit Union | | |
| Address: PO Box 26748, Raleigh, NC 27611 | | |
| Routing Number: 253177049 | | |
| Account Number: | Account Type: | Checking Share |

I authorize _____ (employer) to deposit my payroll check directly to the account listed above,
effective _____ (date).

Employee Name: _____

Employee Signature: _____ Date: _____