

Direct Deposit Authorization

Complete this form and submit it to your employer along with a voided check (if applicable).

Information

Employee's Name _____

2nd Name (if joint)

I am requesting direct deposit of my pay to:

Name of Financial Institution: Wepawaug-Flagg Federal Credit Union

Check one below:

Deposit entire amount of my pay to the account listed below.

Deposit \$ _____ to the account listed below.

Please begin sending my direct deposit to:

Wepawaug-Flagg Federal Credit Union

105 Sanford Street

Hamden, CT 06514

(203) 288-1695

Routing Number: 211177133 **Account #:** _____

Savings

Checking

Signature: _____

Date: _____

Wepawaug Flagg Federal Credit Union