

## 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