



Western New York FEDERAL CREDIT UNION

Direct Deposit Form

Please complete the direct deposit form and forward it to your payroll department for processing.

Authorization Code: ___ New ___ Change ___ Cancel

I authorize you and Western New York Federal Credit Union 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:

Financial Institution: Western New York Federal Credit Union
Address: 1937 Union Road
City, State, Zip: West Seneca, NY 14224
Routing Number: 222382739

Employer Name: _____

Address: _____

City, State, Zip _____

Account Holder Information:

Name: _____

SS#: _____

Signature & Date _____

STAPLE VOIDED CHECK HERE