



# Direct Deposit Authorization Form

Direct Deposit Authorization			
Employer Name			
I authorize _____		to deposit my payroll/pension check to:	
Account Information			
Name: First	MI	Last	Suffix
Sikorsky Credit Union Routing (ABA) Number	Account Number	Account Type	Deposit Amount
<b>221180806</b>			

- To authorize a direct deposit to your checking account and/or savings account, provide the form to your payroll or pension provider.

Signature	
I hereby authorize the organization above to initiate deposit of my funds to my Sikorsky Credit Union account. This authorization will remain effective until I provide written notice of change or cancellation to the originating organization.	
Signature	Date

For assistance, please call Member Services at (203) 377-2252 or toll free at 1 (888) 753-5553.

