

Payroll Direct Deposit Authorization Form
NSFCU Routing number 211977362



Payroll Administrator: *If the employee has requested to distribute funds into more than just the savings or checking, please simply deposit the total amount of funds into the savings account and we will distribute the funds to the appropriate accounts here at the credit union. The savings account number is simply the five digit member number.*

Questions? Please contact Kathi Yost at **860.513.5008** or kyost@nutmegstatefcu.org

Company Name: _____
Member Name: _____
Home Street Address: _____
City, State, Zip: _____
Phone: (home) _____ (work) _____
Member Number: _____

To send the credit union a copy of your direct deposit form: email kyost@nutmegstatefcu.org drop at any branch, fax to 860.513.5081, or mail to 520 Cromwell Avenue, Rocky Hill, CT 06067.

Paid: Weekly Bi-Weekly Monthly Bi-Monthly

Deposit to Savings or Checking

Deposit specific amount per pay period: \$ _____ or Net Pay

Please give this form to your payroll manager at your place of employment.

If you would like to distribute your paycheck into multiple accounts, please fill out the following box:

If you are filling out this section, please be sure to send a copy of this form to the credit union. See above for contact info.

<input type="checkbox"/> Savings: \$ _____	<input type="checkbox"/> Other Savings (PLEASE SPECIFY) _____: \$ _____
<input type="checkbox"/> Checking: \$ _____	<input type="checkbox"/> Other Savings (PLEASE SPECIFY) _____: \$ _____
<input type="checkbox"/> Money Market: \$ _____	<input type="checkbox"/> Auto Loan: \$ _____
<input type="checkbox"/> Club Account: \$ _____	<input type="checkbox"/> Personal Loan: \$ _____
<input type="checkbox"/> Health Savings Account: \$ _____	<input type="checkbox"/> Other Loan (PLEASE SPECIFY) _____: \$ _____

By completing this Authorization Form for Direct Deposit, I am authorizing the automatic deposit of my payroll or other funds into my credit union account. This authorization is to remain in effect until the payment originator has received written notification modifying or revoking my authorization. I acknowledge I must allow the payment originator a reasonable opportunity to act on my notification.

Right of Off-Set: I give you security interest in all funds now or hereafter to my share and share draft accounts associated with the above member number and I authorize you to apply any or all such funds to the payment of any amount in the default on this account.

Member Signature: _____ Date: _____