



DIRECT DEPOSIT AUTHORIZATION

Please submit this form to your employer

TO: _____
Employer/Company Name

FROM: _____
Employee's Name

Address

Contact phone number/email address/employee number/department

I hereby authorize the direct deposit of my net pay or payroll deduction by my employer in the account and financial institution indicated below.

Please accept this form as authorization to: start change stop

the Direct Deposit of my: net paycheck \$ _____ per paycheck

into the following account:

Financial Institution: **IBM SOUTHEAST EMPLOYEES' FEDERAL CREDIT UNION**
P. O. Box 5090, Boca Raton, FL 33431-0890
800-873-5100, 561-982-4700 or serviceplus@ibmsecu.org

Routing & Transit (ABA#) # 267077627

*Savings Account # (savings) _____ \$ _____

**Checking Account # (checking) _____ \$ _____

**Money Market Account # (checking) _____ \$ _____

**HSA Money Market Acct # (checking) _____ \$ _____

*Deposits to Savings will always be posted into your primary savings.

**Please find your complete account number (Check ID/MICR) in Online Banking under each account or at the bottom of your checks.

Please make this request/change effective immediately.

Employee's Signature

Date

