



## Direct Deposit Form

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

### Employer Information

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Authorization Code:  New  Change  Cancel

I authorize you and Health Facilities Federal Credit Union to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my accounts as follows each pay period. This authority will remain in effect until I have cancelled it in writing.

Checking Account # \_\_\_\_\_ \$ \_\_\_\_\_  
 Savings Account # \_\_\_\_\_ \$ \_\_\_\_\_

### Financial Institution Information

Health Facilities Federal Credit Union  
501 S. Irby Street  
Florence, SC 29501  
(843) 669-4041

**Transit Routing Number (ABA) : 253284990**

### Account Holder Information

Name: \_\_\_\_\_  
SS#: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**STAPLE VOIDED CHECK HERE**