



## DIRECT DEPOSIT FORM

Provide this completed authorization form to your payroll department to activate Direct Deposit into your ELCA Federal Credit Union Account.

☐ New Authorization      ☐ Change Existing Authorization

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Deposit Funds to:

ELCA Federal Credit Union  
8765 W. Higgins Rd., 8th Floor  
Chicago IL, 60631

Routing Number: 071093350

ELCA FCU Account Number: \_\_\_\_\_ Account Type: ☐ Savings    ☐ Checking

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

Total Amount of Deposit: \_\_\_\_\_

☐ Net Pay Amount: \_\_\_\_\_    ☐ Flat Dollar Amount: \_\_\_\_\_

**This Authorization will remain in effect until my employer/payroll office is notified in writing. I understand that the authorization may be rejected or discontinued by my employer at any time. If any of the above information changes, I understand it is my responsibility to notify my payroll department.**

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

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