

# DIRECT DEPOSIT SIGN UP FORM FOR COMMERICAL EMPLOYERS

This form should be signed by account holder and SDFCU Representative. Once completed, present form to employer for initiation of direct deposit.

TYPE OF DEPOSITOR ACCOUNT:            CHECKING                            SAVINGS

DEPOSITOR ACCOUNT NUMBER:    \_\_\_\_\_

NAME	SOCIAL SECURITY NUMBER
ADDRESS	
HOME PHONE	WORK PHONE
SIGNATURE	

EMPLOYER	ADDRESS
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<b>FINANCIAL INSTITUTION NAME AND ADDRESS</b>  State Department Federal Credit Union 1630 King Street Alexandria, Virginia 22314-2745	<b>ROUTING AND TRANSIT NUMBER</b>  2560-7534-2
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### FINANCIAL INSTITUTION CERTIFICATION

Name of Representative \_\_\_\_\_

Signature of Representative \_\_\_\_\_

Telephone Number: 703-706-5000

Date \_\_\_\_\_



1630 King Street  
 Alexandria, Virginia 22314-2745  
 703-706-5000 • 800-296-8882