



**TOWN OF HEMPSTEAD EMPLOYEES
FEDERAL CREDIT UNION**

Direct Deposit Authorization Form

Submit this form to your employer

Type of Direct Deposit

Employee Payroll
Pension/Retirement

Social Security
Other (details) _____

Employee Information

Name:
Social Security Number:
Address:

Home Phone:
Work Phone:
Amount:
Frequency:
Start Date:

Credit Union Information

Credit Union Name: Town of Hempstead Employees Federal Credit Union
Routing Number: 221475867

Account Number: _____

Deposit Account: Savings Checking

Employer Name: _____

I hereby authorize my paycheck to be sent to the Town of Hempstead Employees Federal Credit Union based upon the instructions above. This authorization is to remain in effect on a recurring basis until I notify you in writing of its cancellation.

Signature

Date