

## Direct Deposit Enrollment Form

Please complete and submit this form to your employer's payroll department to request direct deposit of your paycheck to Community Credit Union.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Account Information

Community Credit Union 1 Andrew Street, Lynn, MA 01901

Account Type:  Checking  Savings  Other:

ACCOUNT #: _____	ROUTING #: 211383972
I wish to deposit \$ _____ or <input type="checkbox"/> Net Amount	

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### Authorization

**IMPORTANT – READ BEFORE SIGNING:**

I hereby authorize my direct deposit to be sent to the Community Credit Union account referenced above. I have attached a copy of a voided check for reference (optional). This authorization will remain in effect until I give written notice to cancel it.

Signature (Account Owner): \_\_\_\_\_ Date: \_\_\_\_\_

### Questions?

<p>Please contact our professionals at: Tel. (800) 862-7009</p> <p><a href="#">Click here</a> to contact us using our secure online form.</p>	<p><i>Locations:</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">LYNN</td> <td style="border-left: 1px solid black; padding-left: 10px;">1 ANDREW STREET, LYNN, MA 01901</td> </tr> <tr> <td>PEABODY</td> <td style="border-left: 1px solid black; padding-left: 10px;">32 CENTRAL STREET, PEABODY, MA 01960</td> </tr> <tr> <td>SOMERVILLE</td> <td style="border-left: 1px solid black; padding-left: 10px;">377 SUMMER STREET, SOMERVILLE, MA 02144</td> </tr> </table>	LYNN	1 ANDREW STREET, LYNN, MA 01901	PEABODY	32 CENTRAL STREET, PEABODY, MA 01960	SOMERVILLE	377 SUMMER STREET, SOMERVILLE, MA 02144
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