

# SEMC

*Federal Credit Union*

*You belong here!*

## Direct Deposit or Payroll Deduction Authorization

Name: \_\_\_\_\_ SSN #: \_\_\_\_\_

Employee # \_\_\_\_\_ Department: \_\_\_\_\_  Nursing  Non Nursing

I authorize my employer, \_\_\_\_\_, to

(Check box below)

send my ENTIRE PAYCHECK to SEMC FCU (NET PAY)

or

send \$ \_\_\_\_\_ to SEMC FCU (PAYROLL DEDUCTION)

each payday. If funds to which I am not entitled are deposited into my account, I authorize you to direct the credit union to return said funds. This authority will remain in effect until I have cancelled it in writing.

Financial Institution: **SEMC Federal Credit Union**

ABA / Routing Number: **242175803**

SEMC Account Number: \_\_\_\_\_

Check one:  Savings or  Checking

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Start Date

Credit Union Use Only Below This Line

00 - \$ _____	Faxed to Payroll on _____ (date/time)	_____ (initial)
09 - \$ _____	Keyed onto Credit Union System: _____	_____ (initial)
__ - \$ _____	__ - \$ _____	__ - \$ _____ N_____
__ - \$ _____	__ - \$ _____	__ - \$ _____ NN_____