

Make the
Switch!



**High
Point**

FEDERAL CREDIT UNION

DIRECT DEPOSIT REQUEST

Date _____ Employee Number _____
Employee Name _____
Name of Employer _____
Employer Address _____

New Financial Institution

Olean Area Federal Credit Union
1201 Wayne St., Olean, NY 14760

High Point FCU Routing Number: **222381824**

New Account Number _____

Effective/Start Date _____

- | | | | |
|------------------------------------|-------------|----------------|---------------------------------------|
| <input type="checkbox"/> Checking | Acct# _____ | Amount\$ _____ | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> Savings | Acct# _____ | Amount\$ _____ | <input type="checkbox"/> Biweekly |
| <input type="checkbox"/> Other | Acct# _____ | Amount\$ _____ | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Net Check | | | <input type="checkbox"/> Semi-Monthly |

I hereby authorize and request the employer named above to deposit the amounts indicated to High Point Federal Credit Union for each payroll period, beginning on the effective/start date indicated above and until further notice from me. If this is a change in a previous authorization, I instruct my employer to cancel my prior authorization.

Signature _____ Date _____

Please Note: Employer may require you to complete their own Direct Deposit form and/or include a voided check for the account(s) noted above.

