

Make the
Switch!



**High
Point**

FEDERAL CREDIT UNION

DIRECT DEPOSIT REQUEST

Date _____ Employee Number _____

Employee Name _____

Name of Employer _____

Employer Address _____

New Financial Institution

High Point Federal Credit Union
1201 Wayne St., Olean, NY 14760

High Point FCU Routing Number: **222381824**

New Account Number _____

Effective/Start Date _____

Checking Acct# _____ Amount\$ _____
 Savings Acct# _____ Amount\$ _____
 Other Acct# _____ Amount\$ _____
 Net Check

Weekly
 Biweekly
 Monthly
 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.

