

Direct Deposit/ Payroll Deduction Form			
Date:			•
Date:			
Employee's Name:			
Employee's Address:			
City:			
□ Direct Deposit (entire amoun□ Payroll Deduction (specified		nt: \$	
ECU Account #		_ Circle one: Checking	Savings
ECU Routing #: 311989852			
The Business Office of the aborempowered to deduct the sum termination of the direct deposithe time and in the manner speemployer and Educators Credit	listed above ea it and/or payroll ecified in the ag	nch month until notice of deduction authorization reement between the about	change or is given at
Signature:			
Date:			
SS#			

^{*} Please note some companies may require a voided check.