



New Request

Change Request

Use this form to notify your employer (or any other non-governmental organization that regularly sends a payment to you) that you want the proceeds deposited directly into the Sun East Federal Credit Union account specified below.

Member Name	Social Security Number
Address	
City, State, Zip Code	

I hereby authorize (company/organization name) _____, hereinafter called "ORIGINATOR", to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit error to my account(s) indicated below and the depository institution named below, hereinafter called "DEPOSITORY", to credit and/or debit the same to such account.

Primary Account	
Depository Name: Sun East Federal Credit Union 4500 Pennell Road Aston, PA 19014	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account Number _____
Routing Number: 231382209	Amount to Deposit: <input type="checkbox"/> Net Pay <input type="checkbox"/> \$ _____ (Fixed Amount)

This authority is to remain in full force and effect until ORIGINATOR has received written notification from me of its termination in such time and in such manner as to afford ORIGINATOR and DEPOSITORY a reasonable opportunity to act on it.

Member Signature	Date
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OFFICE USE	Sun East Employee Name: _____	Phone Extension: _____
	Department or Branch: _____	Date: _____