



DIRECT DEPOSIT REQUEST FORM

Complete, print and sign this form and submit it to your employer to request direct deposit.

Member name _____

Address _____

City _____

State _____

Zip _____

Please have my paycheck automatically deposited into my account with Align Credit Union:

BANK INFORMATION:

ALIGN CREDIT UNION
87 Hale Street
LOWELL, MA 01851

NEW REQUEST

(Check one)

CHANGE REQUEST

ABA/ROUTING NUMBER: **211383901**

ACCOUNT NUMBER: _____

☐ CHECKING ACCOUNT

(Check one)

☐ SAVINGS ACCOUNT

I authorize my employer _____ **EMPLOYER NAME** to deposit my net pay to the financial

institution listed above. I understand that this authorization will remain in effect until written notification is received from me of its termination.

SIGNATURE

DATE

- It may take 1-2 pay cycles for the change to take effect.
- Keep your old account open until your first deposit posts to the new account.
- Contact your HR or payroll department if you have questions.