TRANSIT
EMPLOYEES FEDERAL CREDIT UNION

Payroll Deduction / Direct Deposit Authorization for Non-Government Agencies

To Be Completed By Employee:

Name:	☐ New Direct Dep. ☐ Add another Acct ☐ Modify Direct Dep. ☐ Delete Direct Dept
Address:	Savings: Account Number: _____
City/State/Zip:	Routing Number: 2540-7538-6
Work Phone:	☐ Net Check ☐ Allotment $ _____
Home Phone:	Checking: Account Number: _____
Social Security #:	Routing Number: 2540-7538-6 ☐ Net Check ☐ Allotment $ _____

Employer's Name:

Employer's Address:

City/State/Zip:

I certify that I am an employee of the referenced employer and that entitles me to the pay stated above. I request and authorize that my pay be sent to Transit Employees Federal Credit Union to the account named.

Employee Signature: _____ Date: _____

To Be Completed By Transit Employees Federal Credit Union:

Transit Employees FCU Certification

I have confirmed the identity of the employee above as well as their account with Transit Employees Federal Credit Union. We agree to accept and certify that Transit Employees Federal Credit Union will receive and deposit the payment above according to the instructions listed.

Representative's Signature: _____ Date: _____

Representative's Name Printed: _____

DIRECT DEPOSIT TAKES AT LEAST 2 PAY PERIODS

Transit Employees Federal Credit Union
2000 Bladensburg Road, N.E.
Washington, DC 20018

Transit Employees FCU Routing Number: 2540-7538-6
Phone: 202-832-5100 Fax: 202-529-6257