



DIRECT DEPOSIT ENROLLMENT FORM: Forward completed form to your payroll office or any other organization that regularly sends you a payment.

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|-------------------------------|------------------------|
| NAME FIRST MI LAST | SOCIAL SECURITY NUMBER |
| ADDRESS STREET CITY STATE ZIP | |

I hereby authorize _____ as the payment office, to initiate Direct Deposits to the accounts indicated below.
(Employer/Company/Organization's Name)

| ACCOUNT INFORMATION | | |
|---|--|--|
| DEPOSITORY NAME KEESLER FEDERAL CREDIT UNION | ROUTING/TRANSIT NUMBER 2655-7758-5 | |
| PRIMARY ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> HIMMA | ACCOUNT NO. _____ | AMOUNT OF DEPOSIT <input type="checkbox"/> NET PAY <input type="checkbox"/> OTHER \$ _____ |
| SECONDARY ACCOUNT (OPTIONAL) <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> HIMMA | ACCOUNT NO. _____ | AMOUNT OF DEPOSIT <input type="checkbox"/> OTHER \$ _____ |

This authorization is to remain in effect until the payment office has received written notification from me to terminate the Direct Deposit.

| | |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|