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## Direct Deposit Request Form

Complete this form and provide a signed copy to your employer's payroll department to have your paycheck directly deposited into your account.

Member Name			
Address			
City	State	Zip Code	
Please have my paycheck automatically d	eposited Into the following	g account:	
Account Number			
Routing Number			
I authorize my employer and credit union (including my authorization to correct ent written notice to cancel It.			
Member Signature		Date	