

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

NAME (FIRST	MI	LAST)	SOCIAL SECURITY NUMBER
ADDRESS (STREET	CITY	STATE	ZIP CODE)

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 NAVY FEDERAL CREDIT UNION	ROUTING/TRANSIT NUMBER 2560-7497-4	
PRIMARY ACCOUNT <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> MONEY MARKET	(10 DIGITS) ACCOUNT NO. _____	AMOUNT OF DEPOSIT <input type="checkbox"/> NET PAY <input type="checkbox"/> OTHER \$ _____
OPTIONAL SECONDARY ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> MONEY MARKET	(10 DIGITS) 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 (MO., DAY, YR.)
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PHOTOCOPY AS NEEDED

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