

NY TEAM Federal Credit Union  
65 Broadway  
Hicksville, NY 11801  
(516) 822-1070  
Fax: (516) 822-2478

## NON-CHARTER DIRECT DEPOSIT FORM

Account #:

Visit our website  
[www.nyteamfcu.org](http://www.nyteamfcu.org)

### Member's Information

Primary Member: \_\_\_\_\_ Date: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Employer: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Employee #: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Disclosure

I authorize my Employer to deduct from my wages each week the amount indicated below and to forward such amount to NY TEAM Federal Credit Union on my behalf. In addition, I hereby further authorize my Employer to deduct from my wages each week any increased amount which I have authorized NY TEAM Federal Credit Union to take on my behalf.

In the event that my employment with my Employer should cease, for any reason whatsoever, either temporary or permanently, I hereby authorize my employer to pay NY TEAM Federal Credit Union any and all monies due from my employer, to satisfy any outstanding balance owing to the said Credit Union by me and existing at the time of my cessation of service.

I have read the above conditions and I understand and agree to be bound by them.

**Note: Different forms are needed for LIRR, MTA, SIRTOA, AMTRAK, NJ TRANSIT**  
**Please contact the Credit Union for necessary forms and information.**

### Direct Deposit Information

#### Initial Authorization

#### Change in Authorization

Deposit Amount: Net Check \$ \_\_\_\_\_

Payroll Period: Weekly Biweekly Monthly Semi-Monthly

Credit Union R/T No: 2260-7612-2

Account Number: \_\_\_\_\_

### Authorization

Primary Signature

Date