



# HealthEast Employees Credit Union Direct Deposit Form

Please complete the direct deposit form and forward it to your payroll department for faster processing.

Authorization Code:  New  Change  Cancel

I authorize you and HealthEast Employees Credit Union to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

Checking Account # Amount \$

Savings Account # Amount \$

each pay period. This authority will remain in effect until I have cancelled it in writing.

Financial Institution Information	Account Holder Information
Financial Institution: HealthEast Employees Credit Union	Name (Please print):
Address: 1700 University Avenue	Social Security #:
City, State, Zip: St. Paul, MN 55104	Signature:
Employer Name:	Date:
Address:	
City, State, Zip:	
296076246 TRANSIT ROUTING NUMBER (ABA)	

**STAPLE VOIDED CHECK HERE**

To process your direct deposit request quickly and accurately please ensure:

1. the appropriate boxes are checked
2. your full account number is listed
3. the dollar amount of your direct deposit is listed, or if you are depositing your entire check, fill in "net" in the dollar amount section
4. your employer's information is completed including name and full address
5. your information is completed including name, social security number, and signature
6. staple a voided check to the form
7. to print out this form, press the control key and "p" on your keyboard