



# Direct Deposit Enrollment/Change Form

**MEMBER INFORMATION (Please Print)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Social Security Number:    -   -    Check One:  Enrollment  Cancel  Change

You may choose up to two accounts at UNIFY Financial Credit Union to receive your deposits.

**DEPOSIT 1**Name of Financial Institution: UNIFY Financial Credit Union  
PO Box 10018  
Manhattan Beach, CA 90267

Routing &amp; Transit Number: 322079719

**CHOOSE ONLY ONE:**

|   |  |
|---|--|
|   | Amount to deposit in selected account:   |
| <input type="checkbox"/> Savings Account #: _____ | \$ _____ or <input type="checkbox"/> NET |
| <input type="checkbox"/> Checking MICR*#: _____   | \$ _____                                 |

\*Checking MICR= The set of 11 or 13 digit numbers listed on the bottom of your check after the routing numbers (322079719). This number may or may not contain your savings (member) account number.**DEPOSIT 2**Name of Financial Institution: UNIFY Financial Credit Union  
PO Box 10018  
Manhattan Beach, CA 90267

Routing &amp; Transit Number: 322079719

**CHOOSE ONLY ONE:**

|   |  |
|---|--|
|   | Amount to deposit in selected account:   |
| <input type="checkbox"/> Savings Account #: _____ | \$ _____ or <input type="checkbox"/> NET |
| <input type="checkbox"/> Checking MICR*#: _____   | \$ _____                                 |

\*Checking MICR= The set of 11 or 13 digit numbers listed on the bottom of your check after the routing numbers (322079719). This number may or may not contain your savings (member) account number.

I authorize the above named company to deposit to my account(s) at UNIFY Financial Federal Credit Union dba UNIFY Financial Credit Union (UNIFY) as indicated above. I acknowledge the right of this company to offset my future wages in the amount of any overpayments the company may have deposited to my account.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

|                             |           |                  |       |
|-----------------------------|-----------|------------------|-------|
| _____                       | _____     | _____            | _____ |
| Representative Name (Print) | Signature | Telephone Number | Date  |