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## Direct Deposit Form

This form can be provided to your employer or benefit payment agency to set-up a direct deposit to your account. Return this form to your employer or benefit payment agency. **Do not return to the credit union**

Name \_\_\_\_\_

Employer \_\_\_\_\_

Employee Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Receiver: **United Local Credit Union 3650 E Ashlan Ave Fresno, CA 93726**

Routing & Transit No: **321172688**

Account Number: \_\_\_\_\_ Savings: \_\_\_\_\_ Checking: \_\_\_\_\_

Start \_\_\_\_\_ Change \_\_\_\_\_ Effective Date \_\_\_\_\_ Amount if Partial \$ \_\_\_\_\_

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

Attach Voided Check if needed