

# community link federal credit union CLFCU Direct Deposit Form

325 Etna Avenue  
Huntington, IN 46750  
(260) 356-6220

## Your Information:

Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_

I hereby authorize my employer to initiate credit entries to my account as indicated above. If funds to which I am not entitled are deposited in my account, I authorize my employer to direct CLFCU to return said funds. This authority is to remain in effect until the company has received timely written notice from me of termination or until the company or CLFCU has sent me ten days written notice of termination of this arrangement. The company may also suspend this arrangement to fulfill lawful wage attachment orders. I understand I am responsible for the validity of the information on this form.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Section 1 Net Pay

New  Change  
ABA/Routing Number **274973578** \_\_\_\_\_  
Account Number \_\_\_\_\_

## Section 2 Fixed Amount

New  Change  
ABA/Routing Number **274973578** \_\_\_\_\_  
Account Number \_\_\_\_\_  
Deduction Amount \$ \_\_\_\_\_

Until further notice, deduct the above:

WKLY  BI-WKLY  MNTHLY  OTH \_\_\_\_\_  
and remit to: CLFCU, 325 Etna Avenue, Huntington, IN 46750

## Section 3 Pay Distribution

Savings \$ \_\_\_\_\_ Share Draft/Checking \$ \_\_\_\_\_  
Christmas \$ \_\_\_\_\_ Sub Savings \$ \_\_\_\_\_  
Loan Payment \$ \_\_\_\_\_ Other \$ \_\_\_\_\_  
Related Account # \_\_\_\_\_ \$ \_\_\_\_\_  
Related Account # \_\_\_\_\_ \$ \_\_\_\_\_

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Related Account # \_\_\_\_\_ \$ \_\_\_\_\_