



Healthcare Employees Federal Credit Union

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**Routing & Transit
#231288811**

Direct Deposit/Payroll Deduction Authorization

Note: This form cancels any previous Credit Union Deduction.

Please complete this form if you would like to change your allocations and/or increase/decrease funds. If you are only changing which accounts to put the funds, please return this form to HEFCU only. If you are changing the amount in any way, please give one copy to your payroll department and forward a copy to HEFCU.

HEFCU Account Number: _____ SSN: _____

Member Name (please print): _____
Last Name First Name Middle Name

Note: This form will update funding information only. If any other member information has recently changed, please complete an address/name change form and notify HEFCU.

Home Address: _____

City: _____

State: _____ Zip: _____

Daytime Phone: (____) _____ Ext./Dept: _____

Employer Name: _____

I hereby authorize my employer to deduct either the total amount shown or my entire check each payroll period (plus any required adjustments or corrections) and remit to HEFCU until further notice from me.

Signature: **X** _____

Date: _____

Choose account(s) and indicate deduction amounts (Minimum Deduction: \$10):

- Share Savings Account \$ _____
- Share Draft Account (checking) \$ _____
- Secondary Share Savings \$ _____
- Holiday Club \$ _____
- Vacation Club \$ _____
- Money Market Account \$ _____
- Youth Account \$ _____
- Family Security Plan \$ _____
- Other \$ _____
- Other \$ _____

Total Dollar Deduction Each Pay Period :

If you wish to deposit your entire check, write "Net Check" here →

Please allow 2 pay periods for change.

\$ _____

**Total Dollar Deduction
Each Pay Period**

Stop my deductions