

DIRECT DEPOSIT
AUTHORIZATION FORM
For Payroll checks, Social Security checks, Retirement checks

I hereby authorize _____
_____Employer _____Social Security _____Retirement plan administrator
to deposit into my _____checking account or _____Savings account

at **HealthCom Federal Credit Union**

Account Number: _____

Routing Number: 261172764

Date: _____ Print Name: _____

Signature: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

SS#: _____

(Please attach a deposit slip to verify account information)

For questions or additional information, please call or contact
HealthCom Federal Credit Union
1412 Chattanooga Avenue, Dalton, GA 30720
706-272-6196