AdventHealth Credit Union

Direct Deposit Enrollment Form

To enroll in Direct Deposit, simply fill out this form and give it to your employer. Some employers require a voided check be attached for processing.

I authorize the deposit of my net of my paycheck or other periodic credit entries to the account(s) indicated below, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

ACCOUNT INFORMATION

Primary Direct Deposit Account- *Choose ONE only please.* *If no additional accounts are specified, 100% of your net pay will be deposited into the Primary Account.*

Priority	Bank Name	Routing Number	Account Number	Amount	Check One
999	**AdventHealth Credit Union**	**263181287**		☐ $ ☐ Net pay	☐ **Checking** ☐ **Saving**
999				☐ $ ☐ Net pay	☐ **Checking** ☐ **Saving**

Additional Direct Deposit Accounts. *Distributions are made to accounts according to the priority specified. Accounts with the lowest priority numbers are funded first, with the balance of your pay deposited into your Primary Account.*

Priority	Bank Name	Routing Number	Account Number	Amount	Check One
1				$	☐ **Checking** ☐ **Saving**
2				$	☐ **Checking** ☐ **Saving**

If monies to which I am not entitled are deposited to my account, I authorize my Company/Employer to direct the financial institution to return said funds.

This authorization is to remain in full force and effect until the Company/Employer has received written notification from me of its termination in such time and in such manner as to afford Company/Employer and AdventHealth Credit Union a reasonable opportunity to act on it.

Employee Name	Employee ID / SSN
Signature	**Date**

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