Delta Community CREDIT UNION

Authorization for Direct Deposit for Delta Employees

If you are not a Delta employee, please contact your employer for Direct Deposit

Form Instructions

1 – Complete all applicable fields
2 – Print completed form
3 – Sign and date the **Signature** section
4 – Fax to: 404-677-4893 or
Mail to: Delta Community Credit Union
P.O. Box 20541 or Dept 930/ATG
Atlanta, GA 30320-2541
Attention: eBusiness

Member Information

This form must be received by Delta Community 10 days prior to the desired effective date.

Deduct From:

_____ _____ _____
Employee Name Employee Number Effective Date (next pay date)

Your account number must be your employee number in order to have direct deposit. By signing below you are giving Delta Community Credit Union the authority to change your member account number to your Delta employee number. This process takes 24 hours to update. You will need to make any adjustments to merchants receiving automatic payments (ACH) to or from savings account only. Checking will not change.

_____ _____
Signature Date

If you previously had direct deposit to another financial institution and want direct deposit to Delta Community you must notify the Delta Payroll Department (831) in writing before the direct deposit at Delta Community will occur.

Please select your employment status:

Active Delta _____ Survivor _____ Retired _____ Long Term Disability _____ Foreign _____

Please select your pay period

Semi Monthly (15th & last day)_____ Bi-Weekly (every other week) _____ Weekly (NYCPMNW) _____
PMNWFA (13th & 27th) _____ Monthly (1st) _____

Please select applicable Direct Deposit:

Initiate Direct:

Savings: ID _____
Total payroll to savings? ____Yes ____No
If no, amount to deposit to savings $_____

Checking: ID _____
Total payroll to checking? ____Yes _____No
If no, amount to deposit to checking $_____

Cancel direct deposit
Savings_____
Checking_____

Change an existing Direct Deposit:
Please change my Direct Deposit
Savings: From $_____ to $_____
Checking:: From $_____ to $_____

Email address: _____

Signature
By signing below, I authorize Delta Community Credit Union to schedule payroll deposits as indicated above.

_____ _____
Member Signature Today's Date

EQUAL HOUSING LENDER

NCUA This credit union is federally insured by the National Credit Union Administration.