

## St. Thomas FCU Direct Deposit Form

Please complete the direct deposit form and forward it to your payroll department for faster processing.

Authorization Code:  New  Change  Cancel



I authorize you and St. Thomas FCU to initiate electronic credit entries,  
and if necessary, debit entries and adjustments for any credit entries in error to my:

Checking Account #                       \$

Savings Account #                       \$

each pay period. This authority will remain in effect until I have cancelled it in writing.

Financial Institution Information	Account Holder Information
Financial Institution: St. Thomas FCU	Name (Please print):
Address: PO Box 1138	SS#:
City, State, Zip: St. Thomas, VI 00802	Signature:
Employer Name:	Date:
Address:	
City, State, Zip:	

 221682540   
 TRANSIT ROUTING NUMBER (ABA)

STAPLE VOIDED CHECK HERE.