

DIRECT DEPOSIT FORM

Your Name (please print above)	
Member Number	Social Security Number
Employer Name	
Employer's Address	
City	State, ZIP
Human Resource Contact Name (if known)	HR Phone Number (if known)
HR Email Address <i>(if known)</i>	
	each pay period and (s) — and distribute as follows: ings Account
AUTHORIZATION I authorize	(Issuing Company/Agency)
to accept this signed form to direct my Credit Union checking/savings account	



CHARLESTOWN MAIN OFFICE

548 Main Street, Boston, MA 02129 MON - THU 8:30 am to 4:30 pm • FRI 8:00 am to 5:00 pm SAT 8:00 am to 12:00 pm

BURLINGTON CALL CENTER APPPOINTMENT ONLY

1 Wall Street, Suite 402, Burlington, MA 01803-4757 MON - FRI 8:00 am to 4:00 pm Phone: (781) 641-6700 or (800) 343-7126 Fax: (781) 641- 6701





