

# Direct Deposit Authorization

Complete this form and submit it to your employer along with a voided check (if applicable).

## Information

Employee's Name \_\_\_\_\_

2nd Name (if joint)  
\_\_\_\_\_

*I am requesting direct deposit of my pay to:*

Name of Financial Institution: Crosspoint Federal Credit Union

Check one below:

Deposit entire amount of my pay to the account listed below.

Deposit \$ \_\_\_\_\_ to the account listed below.

*Please begin sending my direct deposit to:*

**Crosspoint Federal Credit Union 105**

Sanford Street

Hamden, CT 06514

(203) 288-1695

**Routing Number: 211177133**      **Account #:** \_\_\_\_\_

Savings

Checking

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Crosspoint Federal Credit Union