

Corning Cable Systems Credit Union

****Name of company sending Direct Deposit****

Use this form if your direct deposit comes into an account with Corning Cable Systems Credit Union. We can then split your deposit to other accounts you have with the Credit Union. Please print or type all information. When submitting a change to an account, please complete the information for all of your direct deposit. Including those that you are not changing.

Name: _____ SSN: _____
Pay Frequency: ___ Weekly ___ Biweekly ___ Semi-monthly

Circle either **SAVINGS** or **CHECKING** Account for Distribution

(Loan funds must be included in Savings distribution)

Account #: _____

Distribution Split: Primary Savings: \$ _____

Christmas Club: \$ _____ Checking: \$ _____

Other Acct. #: _____ Type (IRA, etc.): _____ Amount: \$ _____

Other Acct. #: _____ Type (IRA, etc.): _____ Amount: \$ _____

Other Acct. #: _____ Type (IRA, etc.): _____ Amount: \$ _____

Other Acct. #: _____ Type (IRA, etc.): _____ Amount: \$ _____

I understand this authorization will be in effect until such time as I notify Corning Cable Systems Credit Union to discontinue this service. I also understand that if errors in the deposit require correction that it may involve an adjustment (credit/debit) to my account. I hereby authorize Corning Cable Systems Credit Union to deposit the authorized amount of my pay to the bank account(s) designated above each pay period.

ANY change in your request may result in a 10-day period when the direct deposit will NOT SPLIT as requested.

You must sign this form : Signature _____

Date _____

You may fax it to the CU 828-901-5114 Attn Lucy
If you have questions concerning the form you may call
Lucy Lutjens at 828-901-5167