

Direct Deposit Request



Date: _____ Social Security Number: / TIN _____

Employee Name: _____

Name of Employer: _____

Employer Address: _____

New Financial Institution: **Omaha Federal Credit Union – 3001 S 82nd Ave, Omaha, NE 68124**

Omaha Federal Credit Union Routing Number: **304083309**

Account Number: _____ (Ex. 12345)

Payroll Number: _____ Effective Deposit Start Date: _____

Type of Account	X	Micr # or Account #	\$ Amount or Net Check
Checking			
Checking			

Type of Account	X	Account #	\$ Amount or Net Check
Savings			
Savings			

I hereby authorize and request the employer (named above) to deposit the amounts indicated and deposit these funds at Omaha Federal Credit Union for each payroll period following receipt of this Authorization until further notice from me.

If this is a change in a previous Authorization, I instruct my Employer to cancel my previous Authorization and to follow this Authorization. If I fail to cancel this Authorization upon filing for Bankruptcy, my Employer and the Credit Union are directed to make deductions in accordance with this Authorization.

Signature _____ Date _____