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 Sioux Falls Federal Credit Union to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

Checking Account # Amount:

Savings Account # Amount:

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

Financial Institution Information	Account Holder Information
Financial Institution: Sioux Falls Federal Credit Union	Name (Please Print):
Address: PO Box 5735	SS#:
City, State, Zip: Sioux Falls, SD 57117-5735	Signature:
Employer Name:	Date:
Address:	
City, State, Zip:	
Transit Routing Number (ABA): 2914-7997-4	