



## REQUEST FOR DIRECT DEPOSIT

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

Telephone #: \_\_\_\_\_

I AM REQUESTING DIRECT DEPOSIT OF MY PAY TO:

Financial Institution: Rockland Federal Credit Union

ABA #: 211373348

\_\_\_\_\_  
Savings/Checking/Account Number

\_\_\_\_\_  
Dollar Amount

\_\_\_\_\_  
Savings/Checking/Account Number

\_\_\_\_\_  
Dollar Amount

\_\_\_\_\_  
Savings/Checking/Account Number

\_\_\_\_\_  
Dollar Amount