

Direct Deposit Enrollment Form

EMPLOYEE NAME	Last	First	Middle

ADDRESS	Street	City	State	Zip

Social Security Number
_ _ _ - _ _ - _ _ _

Employer

Financial Institution	
Community & Teachers Credit Union	1169 South Broadway East Providence RI 02914

Routing Transit Number
211589996

Account Number

Select Account Type: (Check One)

Checking	Savings
<input type="checkbox"/>	<input type="checkbox"/>

Dollar Amount or Write: "Net Check" (for entire amount)
\$.00

SIGNATURE	DATE