Direct Deposit Authorization Form

Member Information

Full Name	Financial Institution	Routing Number
	XCEL Federal Credit Union	226078230

Street Address	City	State	Zip Code

Account 1

Account Type & Number (choose one)

☐ Savings _____

☐ Checking _____

Deduction Amount (choose one)

☐ Dollar Amount _____

☐ Percentage % _____

☐ Entire Paycheck

Account 2

Account Type & Number (choose one)

☐ Savings _____

☐ Checking _____

Deduction Amount (choose one)

☐ Dollar Amount _____

☐ Percentage % _____

☐ Entire Paycheck

, is hereby authorizing Payroll to directly deposit my pay to the XCEL account(s) listed above as indicated.

If additional information is required, please feel free to contact us at (973) 275 9235, option 5.

Member Signature _____ Date _____

REV 8.26