## **Cooper's Cave Federal Credit Union 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 Cooper's Cave 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 # \$ ☐ Savings Account # \$ each pay period. This authority will remain in effect until I have cancelled it in writing. Financial Institution Information Account Holder Information Financial Institution: Cooper's Cave Federal Credit Union Name (Please print): SS#: Address: 92 Dix Avenue City, State, Zip: Glens Falls, NY 12801-4439 Signature: Date: **Employer Name:** Address: City, State, Zip: 221375682 TRANSIT ROUTING NUMBER (ABA) STAPLE VOIDED CHECK HERE.