

DIRECT DEPOSIT SIGN UP FORM FOR COMMERCIAL EMPLOYERS

This form should be signed by account holder and SDFCU Representative. Once completed, present form to employer for initiation of direct deposit.

TYPE OF DEPOSITOR ACCOUNT: CHECKING _____ SAVINGS _____

DEPOSITOR ACCOUNT NUMBER: _____ - _____ (Suffix 01 = Checking, 00 = Savings)
(account numbers with 5 or less digits must be preceded by zeros)

NAME	SOCIAL SECURITY NUMBER
ADDRESS	
HOME PHONE	WORK PHONE
SIGNATURE	

EMPLOYER	ADDRESS
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FINANCIAL INSTITUTION NAME AND ADDRESS State Department Federal Credit Union 1630 King Street Alexandria, Virginia 22314-2745	ROUTING AND TRANSIT NUMBER 2 5 6 0 - 7 5 3 4 - 2
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FINANCIAL INSTITUTION CERTIFICATION

Name of Representative _____

Telephone Number - 703-706-5000

Signature of Representative _____

Date _____



1630 King Street
 Alexandria, Virginia 22314-2745
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