

Direct Deposit Enrollment Form

Routing & Transit Number: 272485039



Complete and return this form to your employer for immediate processing.

Start the direct deposit of my pay to Credit Union Advantage

Change the direct deposit of my pay to Credit Union Advantage

(Currently deposited to _____)

First Name: _____ Last Name: _____ MI: _____

Social Security Number: _____ - _____ - _____

Address

1: _____

Address

2: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Email Address: _____

Please list account number without dashes or other characters in ONE of the account type fields below.

Your account number, plus two zeros. Your account number can be found on your Credit Union Advantage account statement.

Savings _____

Checking _____

Type of deposit: Full Pay Allotment Distribution \$ _____

Employer Name: _____

Employer Address 1: _____

Employer Address 2: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date _____



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Providence Medical Building
22250 Providence Drive
Southfield, MI 48075
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Providence Park Medical Office Building
26850 Providence Parkway, Suite 110
Novi, MI 48374
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