

# Direct Deposit Enrollment Form

Complete and submit this form to your employer's payroll department to initiate direct deposit of your paycheck to Metro Credit Union.

Name:	Social Security #:	
Company:	Phone:	
Address:		
City:	State:	Zip:

## Metro Credit Union Account Information

Your account #:

Metro Credit Union  
200 Revere Beach Parkway  
Chelsea, MA 02150

Routing #: 211381990

Phone: 877-MY-METRO

Account Type:  Checking     Savings     Other:

I wish to deposit \$ \_\_\_\_\_ or  Entire Amount

## Authorization

### IMPORTANT – READ BEFORE SIGNING:

I hereby authorize my direct deposit to be sent to the Metro Credit Union account referenced above. I have attached a copy of a voided check for reference (optional).

Signature (Account Owner):

Date:

**Questions?** Please contact our Member Service Center at 877-MY-METRO or visit [www.metrocu.org](http://www.metrocu.org)