



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 MetroCU.org