

DIRECT DEPOSIT FORM

ACCOUNT NUMBER _____	DATE _____			
NAME _____	SSN _____			
SSMOK Employees Federal Credit Union	ROUTING #			
TO EMPLOYER: _____	PAYROLL NUMBER: <input type="text"/>			
<i>I hereby authorize you to deduct the following from my pay until further notice, and transmit to the above named Credit Union.</i>				
___ MONTHLY ___ SEMIMONTHLY ___ BIWEEKLY ___ WEEKLY ___ NEW ___ CHANGE ___ STOP ___ REALLOCATE	<table border="1"> <tr> <td>TOTAL DEDUCTION</td> </tr> <tr> <td>EFFECTIVE DATE</td> </tr> <tr> <td>CREDIT UNION EMPLOYEE</td> </tr> </table>	TOTAL DEDUCTION	EFFECTIVE DATE	CREDIT UNION EMPLOYEE
TOTAL DEDUCTION				
EFFECTIVE DATE				
CREDIT UNION EMPLOYEE				
EMPLOYEE SIGNATURE _____				
You Must Print, Sign, and Return to Credit Union <input type="button" value="Print"/>	SSMOK Employees FCU 1000 North Lee #3214 Oklahoma City, OK 73102 Fax: 405-272-6379			