



Direct Deposit Enrollment Form

Complete and return this form to your employer for immediate processing

- Start
- Change _____

First Name: _____ Last Name: _____ MI: _____

Social Security Number: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email Address: _____

Please list account numbers without dashes or other characters in ONE of the account type fields below.
Your account number, up to eight digits, can be found on your account statement.

Routing and Transit Number (RTN): 231387385

Savings _____

Checking _____

Type of deposit: Full Pay Allotment \$ _____

Employer Name: _____

Employer Address 1: _____

Employer Address 2: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

2400 Pleasant Valley Road • PO Box 3617 • York PA 17402-0637

717-840-4981 • 877-214-1914 (toll free) • 717-840-4982 (fax)

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