



DIRECT DEPOSIT FORM

Take this form to your employer's payroll department to request direct deposit of your payroll check. A voided check might be required from your employer to confirm your account and routing/transit numbers.

MEMBER INFORMATION

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

I hereby authorize the company named below to initiate Direct Deposit to the account indicated.

Company Name _____

Address _____ City _____ State _____

ACCOUNT INFORMATION

evolve Federal Credit Union
8840 Gazelle
El Paso, TX 79925
(915) 593-5866

ROUTING NUMBER: 312081005

Account Number _____ Account Type: **Checking** **Savings**

Deposit Amount: _____ OR Deposit %: _____

Signature: _____ Date: _____