



Direct Deposit Request

Date _____ Employee Number _____
Employee Name _____
Name of Employer _____
Employer Address _____

New Financial Institution

First Eagle Federal Credit Union
600 Red Brook Blvd., Suite 350
Owings Mills, MD 21117

New Financial Institution Routing Number **252075977**

New Financial Institution Account Number _____

Payroll Number _____ Effective/Start Date _____
 Checking [Acct.#] _____ [Amt] \$ _____ Weekly
 Savings [Acct.#] _____ [Amt] \$ _____ Bi-Weekly
 Other _____ [Acct.#] _____ [Amt] \$ _____ Monthly
 Net Check Semi-Monthly

I hereby authorize and request the employer named above to deposit the amounts indicated to First Eagle for each payroll period beginning on the effective/start date indicated above and until further notice from me. If this is a change in a previous Authorization, I instruct my employer to cancel my previous Authorization and to follow this Authorization.

Signature _____ Date _____

Please note: Employer may require you to complete their own Direct Deposit form and/or include a voided check for the account funds will be deposited in.

Instructions: Complete and submit this form to your employer. This authorizes your employer to deposit the amount(s) you indicate into your First Eagle account.