



**REQUEST FOR DIRECT DEPOSIT  
FOR CREDIT TO ACCOUNT WITH  
GREATER METRO FEDERAL CREDIT UNION**

<b>1. Member's Name</b>	<b>2. Social Security Number</b>
<b>3. Home Address &amp; Phone Number</b>	<b>4. Employer's/Company's Name</b>
<b>5. Employer's/ Company's Address &amp; Phone Number</b>	<b>6. Payroll Department Address (If Different)</b>

By submitting this form, the above named Credit Union member authorizes you to take the action indicated below with respect to a Direct Deposit transfer. All transfers are for remittance to Greater Metro FCU, 31-10 37th Ave., Suite 403, Long Island City, NY 11101 for credit to the member's account. (If payroll related, the transfer may be effective with the next pay period and will continue until canceled by the employee in writing).

<b>7. Financial Institution Routing Number</b>  <b>221 475 605</b>	<b>9. Account Number:</b>  ** _____
<b>11. Member's Signature</b>	<b>12. Date Submitted to Payroll Department</b>

**This form should be submitted directly to your payroll department, not to the Credit Union.**

\*\* Our Account numbers are usually 4 to 6 digits in length followed by a 3-digit account type. Please add leading zeroes so your account number matches examples below:

Account is 4 digits long:           004444TTT  
 Account is 5 digits long:        055555TTT  
 Account is 6 digits long:        666666TTT

Where ***TTT*** is the account type

Any questions regarding this form should be directed to our Member Service Representative at the number listed below.