



## Direct Deposit Request Form

Forward the completed form to the check issuer.  
(Your payroll dept, social security office, etc.)

Payee's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Claim or Payroll ID Number: \_\_\_\_\_

Send payment to: Illinois Community Credit Union  
508 W State Street  
Sycamore IL 60178  
815-895-4541  
Routing and Transit Number: **271989714**

Member Name: \_\_\_\_\_

Member Number - Account Number: \_\_\_\_\_

**Note to ICCU Member:** The second page of this form provide instructions to Illinois Community Credit Union on how you would like your direct deposit distributed between your accounts.

In signing this form I authorize my payment to be sent to the Illinois Community Credit Union to be deposited to the designated account.

Payees Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Direct Deposit Redistribution Form**

Forward the completed form to ICCU

Member Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

A Direct Deposit was established with:

Name of the Check Issuer: \_\_\_\_\_

Once the deposit is made to my account, please redistribute the funds as follows:

Acct.	No.	Amount
Shares	01	\$
Checking	02	\$
Club		\$
Loan		\$
Loan		\$
Visa		\$
		\$
		\$
		\$
		\$

Please select one:

\_\_\_\_ The above redistribution instructions are for a **new** Direct Deposit

\_\_\_\_ The above redistribution instructions are for an **existing** Direct Deposit.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_