



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: _____