DIRECT DEPOSIT

Transfer Letter



Complete this form for every company initiating a direct deposit to your account. Then, give this signed form, along with a voided check from your new First Alliance Credit Union account, to the party making the direct deposit.

☐ New Direct Deposit ☐ C	Change Ex	isting Direct D	eposit		
Company Information:					
Company Name:	Address:				
City:	State:	Zip:	Pr	none #	
Your Information:					
Name		Employee ID#/ A	Account#		
Social Security#					
Address:					
City:	State:	Zip:	Ph	none #	
First Alliance Credit Union Information: Routing Number: 2919-7548-1 Deposit Information:	nation:	o .	SA.	1234 Dollars	
Note: You can route your direct deposi	t to more th	an one account, i	f your emplo	yer allows.	
First Alliance Account Type: ☐ Checking ☐ Money Market ☐ Savings		2. First Allianc ☐ Checking ☐ Money M ☐ Savings	9	/pe:	
		Account Number:			
Amount \$ or % (circle one):		Amount \$ or %	6 (circle one)	<u>:</u>	
I authorize account(s) as indicated above, and aut			-	-	to my First Alliance
Your Signature			Dat	te	