



Direct Deposit Enrollment Form

Routing and Transit Number (RTN): 3243-7751-6

Complete and return this form to your employer for immediate processing.

Start
 Change _____

First Name: _____ Last Name: _____ MI: _____

Social Security Number: ____ - ____ - ____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) ____ - _____ Email Address: _____

Please list account number without dashes or other characters in ONE of the account type fields below. Your account number, up to eight digits, can be found on your America First account statement.

Savings	-----	1
Money Market	-----	7
Checking	-----	9

Type of deposit: Full Pay Allotment \$_____

Employers Only: The additional digit at the end of the account number is required for processing (i.e. 1, 7, 9).

Employer Name: _____

Employer Address 1: _____

Employer Address 2: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

