

Direct Deposit Non-County Payroll RequestTake this completed application form to your employer's payroll department and your employer will do the rest.

Date:			
Го:	350		
Employer Name or Organization			
Street Address	City	State	Zip
From:			
Name on Account			
RE: Change of Direct Deposit Ro	outing		
Please send my automatic direct depe MariSol Federal Credit Union P.O. Box 20525 Phoenix, AZ 85036	osit to:		
Routing Number: <u>3221-7273-9</u>			
☐ Savings Account Number:	Amount	:: \$	
Checking Account Number:	Amount	:: \$	
Please remit the funds via ACH to Ma selected account number noted above.		ion using the ABA Rou	ıting and
I hereby authorize the organization at Credit Union account(s). This authori- written notice of change or cancellation	zation will remain in ful	ll force and effective ur	iSol Federal ntil I provide
Signature	Date		