

Direct Deposit Form

Authorization



Alero Financial Members: Complete this form and give it to your employer or retirement office to request direct deposit of funds into your Alero Financial checking or (regular share) savings account. Please note that your employer may have a specific form and procedure for this purpose. Contact your HR or payroll representative for details.

I'D LIKE TO DEPOSIT MY PAYCHECK INTO MY ALERO FINANCIAL ACCOUNT

Member Name		Date
Social Security Number	Email	
Address		
City	State	ZIP
Member Number	Alero Financial Routing Number	Automatic transactions are allowed through savings and checking accounts only.
	271987075	☐ Savings ☐ Checking

REQUEST TYPE

☐ Start a new direct deposit☐ Change my existing direct deposit

Employer/Depositor's Name	Please discontinue sending my automatic direct deposit to the following account:
	Financial Institution:
\$ OR %	Routing Number:
If you would like your entire pay deposited, write ALL or 100 on the applicable line above.	Account Number:
	Effective Date:

QUESTIONS?
Scan the QR
for answers!



I authorize my payer to initiate deposits and, if necessary, withdrawals to correct erroneous deposit entries to my account listed above. I understand that this authorization replaces any previous authorization and will remain in effect until the company named above has received written notification from me of its termination in a reasonable enough time to act.



Member Signature

Date