



1980 W. Broad Street
Columbus, OH 43223
Phone: 614-466-4988 / 800-434-7300 / Fax: 614-466-5118

FAX OR MAIL COMPLETED FORM

To: Payroll Department
From: Member Relationship Department
Date:
Subj: Account Information
Payroll deduction _____
Direct Deposit _____

Please be advised that the following employee has an account with our institution. The account information is as follows:

Member Name: _____

Social Security Number: _____

Account#: _____

Transit and Routing Number: 244077909

Type of Account: Savings ____ Checking ____
Loan ____