

NORTH SHORE LIJ HEALTH SYSTEM FEDERAL CREDIT UNION

300 COMMUNITY DRIVE, MANHASSET, NEW YORK 11030 • (516) 562-4918 FAX: (516) 562-2332
350 JERICHO TURNPIKE, JERICHO, NEW YORK 11753 • (516) 301-3040 FAX: (516) 301-3060

DIRECT DEPOSIT OF PAY CHECK AUTHORIZATION		
Company Name North Shore - LIJ Health System	Employee Name	Social Security No.

PLEASE DEPOSIT MY ENTIRE (NET) PAY INTO:

_____ CHECKING ACCOUNT

_____ SAVINGS ACCOUNT

TRANSIT & ROUTING NUMBER / ABA #

2	2	1	4	7	6	4	4	2
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ACCOUNT NUMBER

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ATTACH VOID CHECK HERE

EMPLOYEE SIGNATURE: _____ DATE: _____

Complete and return to North Shore LIJ Health System Federal Credit Union.