Sorg-Bay West Federal Credit Union Direct Deposit Form Please complete the direct deposit form and forward it to your payroll department for faster processing. Authorization Code: New Change Cancel I authorize you and Sorg-Bay West Federal Credit Union to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my: ☐ Checking Account # ☐ Savings Account # each pay period. This authority will remain in effect until I have cancelled it in writing. Financial Institution Information Account Holder Information Name (Please print): Financial Institution: Sorg-Bay West Federal Credit Union Address: 400 N. Broad Street SS#: City, State, Zip: Middletown, OH 45044 Signature: Employer Name: Date: Address: City, State, Zip: 242278797 TRANSIT ROUTING NUMBER (ABA) STAPLE VOIDED CHECK HERE.