



## REQUEST FOR DIRECT DEPOSIT OF SALARY

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

This form authorizes your employer, \_\_\_\_\_, to make payments to you by direct deposit to your savings or checking account for salary and other entitlements. Please complete this form and return it to your employer.

(Check)

I request that payments due to me for salary and other entitlements be deposited directly to my bank account in the United States. Information concerning my account is provided below.

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Name of Financial Institution & Address

Type of Account:  Savings  Checking

**PAHO/WHO Federal Credit Union**  
**2112 F Street NW, Suite 201**  
**Washington, D.C. 20037**

**Account Number:** \_\_\_\_\_  
example: **acct. # 12345**  
savings: **123451**; checking: **1234510**

Transit/ABA Routing #: **2540-7507-2**

**FOR DIRECT DEPOSIT IN USA ONLY**

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PAHO Staff Member Signature: \_\_\_\_\_

\_\_\_\_\_  
Month/Day/Year

PAHO/WHO FCU Review by: \_\_\_\_\_

\_\_\_\_\_  
Month/Day/Year