



**REQUEST FOR DIRECT DEPOSIT OF  
SALARY AND ENTITLEMENTS**

STAFF #       DUTY STATION / CENTER \_\_\_\_\_

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

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

This form authorizes the Pan American Health Organization 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 FRM/NS.

(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.

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**

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

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

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

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