

Lesco 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 Lesco 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
Financial Institution: Lesco Federal Credit Union	Name (Please print):
Address: 2613 Ligonier Street	SS#:
City, State, Zip: Latrobe, Pa. 15650	Signature:
Employer Name:	Date:
Address:	
City, State, Zip:	

 243382187 
 TRANSIT ROUTING NUMBER (ABA)

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