

**LAWRENCE
MEMORIAL
CREDIT UNION**



DIRECT DEPOSIT FORM
for use by non-hospital employees

Please print this form, fill-in the required information and present to your employer (payroll department).

Member Name _____

Street Address _____

City _____ State _____ ZIP _____

CREDIT UNION INFORMATION

Name: Lawrence Memorial Credit Union

Address: 365 Montauk Ave
New London, CT 06320

Phone: 860-444-5104

Transit & Routing Number: 211178365

Account Number¹: _____ Amount \$_____

¹**Your member/account number** followed by the number of the account you wish to have the money deposited (1 for savings, 6 for checking) Example: 12345-1 for savings, 12345-6 for checking.

NOTE: If you wish to “**split your deposit**” among several accounts, we suggest that you arrange with your employer to deposit the total amount to one account, and then give us a call to set up an automatic distribution of those funds among your other accounts. You will find this more convenient should you wish to change amounts or accounts.