



P.O. Box 190 ♦ Caldwell, Idaho 83606 - 0190 ♦  
(208) 454-4286 ♦ (800) 635-0401 ♦ FAX (208) 454-4394  
[www.simplotecu.com](http://www.simplotecu.com)

## Social Security/Retirement/Federal Government Direct Deposit Form

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Member Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

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Street Address \_\_\_\_\_

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City, State, Zip \_\_\_\_\_

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Telephone (Home) \_\_\_\_\_ Cell Phone \_\_\_\_\_ Representative Payee: Yes No

### Type of Benefits (check One)

Social Security       Supplemental Security Inc.       Railroad Retirement Board

Other \_\_\_\_\_

**Deposit to:**       Checking       Savings

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Account Number \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_