

AUTHORIZATION TO CHANGE DIRECT DEPOSIT

Please deposit my check(s) directly into my new account as indicated below.



DIRECT DEPOSIT ACCOUNT INFORMATION

Company Name

Company Address, City, State, Zip



TYPE OF DEPOSIT

Employee Payroll

Social Security

V.A. Compensation or Pension

Supplemental Security Income

Civil Service Retirement

Pension

Other _____



MEMBER INFORMATION

Name

Phone Number

Day
Evening

Address, City, State, Zip

Employee or Social Security Number



PREVIOUS ACCOUNT INFORMATION

Checking Account

Savings Account

Previous Financial Institution Name

Routing #

Previous Account #



NEW ACCOUNT INFORMATION

Checking Account

Savings Account

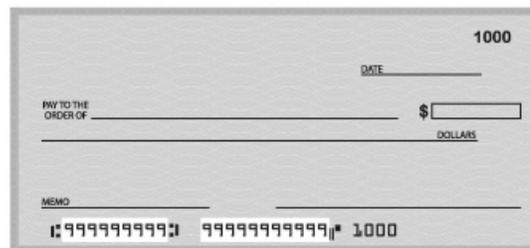
New Financial Institution Name

Routing #

New Account #

Effective Date

- Routing and Account numbers can be found along the bottom edge of your check.
- Please attach a voided check from your new account to this form.



Member Signature

Date