

CHANGE

PAYROLL DIRECT DEPOSIT

Please make as many photocopies of this form as needed.

Date

Employer/Depositor's Name

Address

City, State, Zip

To Whom It May Concern:

You are currently depositing **MY ENTIRE PAYCHECK / PART OF MY PAYCHECK** (circle one)

to the following account:

Old Bank: _____

Bank Routing Number: _____

Account Number: _____

Please stop making deposits to that account and instead make them to:

Financial Institution Name: Delta Community Credit Union

Bank Routing Number: 261071315

Checking Account Number: _____

If you have any questions about this request, please contact me during the **DAY / EVENING** (circle one) at
(_____) _____ (phone number).

Thank you.

Sincerely,

Signature

Name (please print)

Address

City, State, Zip

Other Information Your Employer May Need (SSN, Employee ID#, etc.)

Check with your employer if you can use this form, or if they have a form for you to change your direct deposit.

NCUA

This credit union is federally insured
by the National Credit Union Administration.
Accounts insured up to \$250,000.