

REQUEST TO CHANGE DIRECT DEPOSIT

Date: _____

Employer/Depositor's Name: _____

Address: _____

City, State, Zip Code: _____

To Whom It May Concern:

You are currently depositing payroll or other funds on my behalf, into the following financial institution account:

(Financial Institution)

(Account Number) **(Routing and Transit Number)**

As of today, please change this information and make all future deposits into the following financial institution account.

Clarkston Brandon Community Credit Union
(Financial Institution)

(Account Number) **(Routing and Transit Number)**

If you have any questions, please contact me at

(Phone Number)

Thank You.

Signature

Name (Please Print)

Street

(City, State, Zip)