



# Direct Deposit Change Request

Submit this form to your employer or organization responsible for your direct deposit (such as your paycheck, social security, pension, etc.).

To:  (Direct Deposit Source)

From:  (Your Name)

Address:

(City)

(State, Zip)

Social Security Number:

RE: **Change of Direct Deposit Routing:**

Please discontinue sending my automatic direct deposit to Account Number:

and/or Account Number:

with

Please begin sending the same deposit to **ADP Federal Credit Union.**

**Routing Information:**

**ADP Federal Credit Union**  
1 ADP Blvd MS B140  
Roseland, NJ 07068  
**Routing/ Transit number: 221283130**

**Deposit instructions:**

Deposit entire amount to Checking Account:  Share Type:

Deposit  to Savings Account:  Share Type:

and the remainder to Checking Account:  Share Type:

**I hereby authorize:**

- Above listed entity to initiate deposit of my funds to my ADP Federal Credit Union checking or savings account.
- ADP Federal Credit Union to credit entries to my account(s).
- This authorization to remain in effect until I send written notice of change or cancellation.

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