

# Change Direct Deposit

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

Employer/Depositor's Name

Address

City

State, Zip

To whom it may concern:

You are currently depositing my entire  paycheck  part of my paycheck to the following account:

Old Financial Institution

Financial Institution Routing Number

Account Number

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

1st United Services Credit Union

321174000

Financial Institution

Financial Institution Routing Number

Account Number

Savings  Checking

If you have any questions about this request, please contact me during the at: ( ) \_\_\_\_\_

day  evening

Thank you,

Name -please print

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

Address

City

State, Zip

I hereby agree that my employer and my employer's financial institution can initiate credit entries or debit entries to my designated 1st United Services Credit Union account as necessary to directly deposit my net pay or to correct any erroneous credit entries. Erroneous credits may be reversed by debit entry without advance notice to me, or notified by my employer after the fact if an erroneous credit is reversed. I must restore any negative balance in any 1st United Services Credit Union account that results from reversal of an erroneous credit.

This authorization will supersede any previous requests for my direct deposit and remain in full force and effect until it to my employer a written notice of change or cancellation. Any change or cancellation must be provided in a timely manner that affords my employer and 1st United Services Credit Union a reasonable opportunity.

I acknowledge that the organization of ACH transactions to my account must comply with the provisions of U.S. law.

Signature

Date