

## Direct Deposit Change Form

Submit this form to any company or organization that you want to automatically deposit funds into your Ent Checking Account. You may make additional copies if necessary.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
DAYTIME PHONE NUMBER

\_\_\_\_\_  
ID NUMBER (PAYROLL OR SOCIAL SECURITY NUMBER)

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I hereby authorize Direct Deposit of my paycheck/recurring payment to my Ent Checking Account.\* I understand my employer has the right to reverse erroneous entries.

Please make this change effective \_\_\_\_\_ (date).

\*To initiate Direct Deposit into your Ent Checking Account, please include a voided Ent check with this form.

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### New Financial Institution Information:

**Ent**  
**P.O. Box 15819**  
**Colorado Springs, CO 80935-5819**

307070005  
ROUTING NUMBER

\_\_\_\_\_  
ACCOUNT NUMBER AND SHARE ID

### Previous Financial Institution Information:

\_\_\_\_\_  
NAME OF FINANCIAL INSTITUTION

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
ACCOUNT NUMBER

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\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE