## **Direct Deposit Transfer Letter**



Date Originator of Deposit			
			-
Street Address			-
			_
City	State	Zip	
RE:			
Member Name			Account Number
Member Address			Member Phone Number
City	State	Zip	Social Security Number
recurring Direct Deposi	t(s) to the new ac	count listed	n. I hereby authorize and direct that you make any of my below. Direct Deposits to my old account(s) should be discontinued.
			is to my account must comply with applicable provisions of U.S. law.
Please make this transf	fer effective as of	Dat	e :
Old Routing/Transfer Number			Old Account Number
244077	7323		
New (Telhio CU) Routing/Transfer Number			New (Telhio CU) Account Number
If this form is not suffic	cient to establish [	Direct Deposi	t, please forward the appropriate authorized form for my signature.
Thank you for your ass	istance in this ma	tter.	
Member Signature			Date

Note: Make additional copies as needed for each direct deposit to be transferred and send to each Originator of Deposit. Retain copy of each original in member file. Use Standard Form 1199A for government deposits.