

CHANGE DIRECT DEPOSIT AUTHORIZATION

Date: _____

To: _____

Employer / Depositor's Name

Address

City, State, Zip

From: _____

Your Full Name

Social Security Number or Employee ID Number

Street Address

City, State, Zip

To Whom It May Concern:

You are currently making direct deposits on my behalf to this account:

Old Financial Institution: _____

Routing Number: _____

Account Number: _____

Please discontinue direct deposits to the above account and immediately begin direct deposits to my new account at:

Qside Federal Credit Union
211-31 Jamaica Avenue
Queens Village, NY 11428

Routing Number: 221476413
Qside FCU Checking Account Number: _____

If you have any questions about this request, please contact me at:

Daytime Phone: _____

Evening Phone: _____

Signature

> STEP 2

Member Instructions:

Your employer or another organization may be making direct deposits to your current banking account(s).

If so, this form authorizes them to switch that direct deposit to your Qside FCU account.

Complete and submit this form to your payroll office and any other organization that makes automatic deposits to your current banking account(s).



www.qsidefcu.org
info@qsidefcu.org

211-31 Jamaica Avenue
Queens Village, NY 11428

Phone: (718) 353-1300
Fax: (718) 353-5399