



DIRECT DEPOSIT CHANGE/REQUEST

☐ Start a direct deposit ☐ Change a direct deposit

Previous Financial Institution (If Applicable)

Chequing Account Number to be Discontinued (If Applicable)

Account Holder's Name

Phone Number

Address

City

Province

Postal Code

I authorize my payroll to be credited by direct deposit to my Credit Union account number:

Branch Number					Institution Number			Account Number							

Name of Credit Union

Branch

Address

Effective Date: _____

I hereby authorize the below-noted to deposit payments to my above-noted Credit Union account until further notice.

Account Holder's Signature

Date

Employer

Address