

Authorization to Change Direct Deposit



Instructions: Complete this authorization to change direct deposits to KCT Credit Union and provide to your payroll office or any other payor who makes automatic deposits to your account.

Date _____

Depositor's Name _____

Address _____

City, State, Zip _____

To Whom It May Concern:

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

Financial Institution _____

Routing Number _____

Account Number _____

Please discontinue direct deposits here and immediately start direct deposits to my account at:

KCT Credit Union
111 S. Hawthorne St.
Elgin, IL 60123

Routing Number: **271983833**

Account Number: _____ Savings Checking

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

Phone Number: _____ Email Address: _____

Thank you,

Signature _____

Print Name _____

Address _____

City, State, Zip _____

Employee ID Number _____