

Direct/Automatic Deposit Change Authorization

Date: _____

To:

Employer / Company (Depositer) Name

Address

City / State / Zip

To Whom It May Concern:

You are currently making an automatic direct deposit on my behalf to the following account:

Previous Financial Institution

Routing Number

Account Number

Effective _____ (date), please stop making the deposits to the account shown above and begin making the deposits to my Checking Account at:

Tyndall Federal Credit Union

Current Financial Institution

263183175

Routing Number

Checking Account Number (MICR Number)

I hereby authorize you to initiate deposit of my funds to the above-mentioned Tyndall Federal Credit Union Checking Account, and I authorize Tyndall Federal Credit Union to deposit the funds into my Checking Account. I understand that I will be charged a fee of \$20.00 each time an ACH Automatic Withdrawal entry is returned. This authorization shall remain in effect until I send written notice of change or cancellation.

Member Signature

Employee ID Number /
Reference Number

Printed Name

Contact Phone Number
(Day)

Other information the Depositor may need
(SSN, description of deposit, Date of Birth, etc.)