

AUTHORIZATION TO CHANGE DIRECT DEPOSIT

Complete this authorization to change direct deposits to Community Powered Federal Credit Union and provide to your payroll office or any other payor who makes automatic deposits to your account.

Date Employer/Depositor's Name

Address

City State Zip

To Whom It May Concern:

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

Old Bank Routing Number

Account Number

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

**Community Powered
Federal Credit Union
1758 Pulaski Hwy
Bear, DE 19701
231177016**

Routing & Transit Number

Account Number

Account Type: Savings Checking

If you have any questions about this request, please contact me during the day evening at (_____) _____
Phone Number

Thank You.

Sincerely,

Signature Name

Address City State Zip

Please complete this form, sign, and return to the appropriate institution.



YOUR COMMUNITY CREDIT UNION