

Direct Deposit Change Request

Submit this form to your employer or organization responsible for your direct deposit (such as your paycheck, social security, pension, etc.).

٦	Го:			(Direct Deposit Source)	
Fro	m:		(Your Name)		
Addres	ss:				
				(City)	
				(State, Zip)	
Social Secur Numb					
F	RE: Change of Direct	Change of Direct Deposit Routing:			
	Please discontinue sending my automatic direct deposit to Account Number: and/or Account Number: with Please begin sending the same deposit to MY CREDIT UNION. Routing Information:				
	Bloomington	9550 Lyndale Ave. S Bloomington, MN 55420 Routing / Transit Number: # 2910-7545-9			
	Deposit instruction	ons:			
	Deposit entire a	Deposit entire amount to Checking Account:		Share Type:	
	Deposit	to Savings Account:	Shar	Share Type:	
and the remainder to Checking A		to Checking Account:	Share	Share Type:	
	 I hereby authorize: Above listed entity to initiate deposit of my funds to my MYCU checking or savings account. MYCU to credit entries to my account(s). This authorization to remain in effect until I send written notice of change or cancellation. 				
	Signature:		Date:		