

DIRECT DEPOSIT AUTHORIZATION FORM

TO: COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

RE: Switching my direct deposit(s) to a new account

ATTN: Customer Service

Please change my direct deposit information to my new account at Capital Credit Union. I have included my account information and a voided check from my new account. If you have any questions regarding this request, please contact me by phone or mail. Thank you for your prompt assistance.

I hereby authorize the company above to initiate deposits into my Capital Credit Union account. This authorization will remain in effect until I provide written notice of change or cancelation.

Sincerely,

PRINT NAME: _____

SIGNATURE: _____

DAYTIME PHONE: _____ EVENING PHONE: _____

PREVIOUS FINANCIAL INSTITUTION: _____

PREVIOUS ROUTING #: _____ PREVIOUS ACCOUNT #: _____

NEW FINANCIAL INSTITUTION: Capital Credit Union

NEW ROUTING #: 291378130 NEW ACCOUNT #: _____

DIRECT DEPOSIT AMOUNT: _____

EFFECTIVE DATE: _____