



Direct Deposits

Date

Employer/Depositor's Name

Address

City, State, Zip

To Whom It May Concern:

You are currently depositing my entire check/partial check (circle one) to the following account:

Financial Institution Name: _____

Routing Number: _____

Account Number: _____

Effective _____ (date), please stop making deposits to that account and instead send them to:

Financial Institution Name: Members First Credit Union

Routing Number: 314978394

Member Number: _____

If you have any questions about this request, please contact me during the DAY/EVENING (circle one) at
(____) _____ - _____ (phone number).

Thank you,

Signature

Name (please print)

Address

City, State, Zip