

Direct Deposit Change Request

Date

Employer/Depositor's Name

Address

City

State

Zip

You are currently depositing my entire check/partial check (circle one) to the following account(s), please stop making deposits to these account(s):

Financial Institution Name: _____ Account Number: _____

Routing Number: _____ Effective Date: _____

Please send all future direct deposits to:

Financial Institution Name: **Members First Credit Union** Routing Number: **314978394**
5444 S Staples St
Corpus Christi, TX. 78374 Account Number: _____

If you have any questions about this request, please contact me at:

(____) _____ - _____ (____) _____ - _____ (____) _____ - _____
Cell Phone Home Phone Work Phone

Signature

Print Name

Notes:

Main Branch
5444 S Staples St.
Corpus Christi, TX 78411
Ph: 361-991-6178
Fax: 361-993-1704

SPID Branch
1430 S. Padre Island Dr.
Corpus Christi, TX 78416
Ph: 361-882-8841
Fax: 361-882-4060



Violet Branch
11166 Up River Rd.
Corpus Christi, TX 78410
Ph: 361-241-0045
Fax: 361-241-3997

Harlingen Branch
722 S. Loop 499
Harlingen, TX 78550
Ph: 956-428-8711
Fax: 956-428-3520