

Direct Deposit Change Request Form

INSTRUCTIONS: COMPLETE THIS FORM AND SEND TO YOUR EMPLOYER, SOCIAL SECURITY, OR OTHER BENEFITS PROVIDER CURRENTLY DEPOSITING FUNDS INTO YOUR EXISTING ACCOUNT.

NOTE: YOU MUST ALSO COMPLETE THE COMMONWEALTH CREDIT UNION DIRECT DEPOSIT APPLICATION AND SEND TO US.

To: _____
Company Name

From: _____
Your name

Address: _____
Mailing Address

City: _____ State: _____ Zip: _____

Social Security Number: _____

RE: CHANGE OF DIRECT DEPOSIT ROUTING

To Whom it May Concern:

I recently opened a new account at Commonwealth Credit Union. I would like to change my direct deposit transaction as of _____.
Effective Date

Please STOP sending my automatic direct deposit to account number _____
Existing Account Number
at _____
Existing Financial Institution

Please begin sending the same direct deposit to Commonwealth Credit Union.

Commonwealth Credit Union Routing & Transit Number: 271985462

Commonwealth Credit Union Account Number: _____ Checking Savings

If you have any questions regarding this request, please call me at _____
Phone Number
Thank you for your help with this matter.

Sincerely,

Signature Date: _____