

# Direct Deposit Change Request Form



Please review and complete the following information.

## SECTION 1: DIRECT DEPOSIT AUTHORIZATION INFORMATION

NAME		SOCIAL SECURITY NUMBER	
ADDRESS	CITY	STATE	ZIP
COMPANY NAME			
COMPANY ADDRESS	CITY	STATE	ZIP

## SECTION 2: DEPOSIT INSTRUCTIONS

DEPOSIT ENTIRE AMOUNT TO CHECKING ACCOUNT NUMBER: \_\_\_\_\_

DEPOSIT PARTIAL AMOUNT: \$\_\_\_\_\_ TO SAVINGS ACCOUNT NUMBER: \_\_\_\_\_

REMAINING AMOUNT: \$\_\_\_\_\_ TO CHECKING ACCOUNT NUMBER: \_\_\_\_\_

TRANSIT/ABA NUMBER (FIRST 9 NUMBERS ON THE BOTTOM LEFT CORNER OF CHECK): \_\_\_\_\_

## SECTION 3: SIGNATURE (Please make sure to sign below)

### I hereby authorize:

- Company listed in section 1 above to direct deposit my fund(s) to my True North Federal Credit Union account specified in section 2.
- True North Federal Credit Union to credit and/or debit entries to my account(s).
- This authorization to remain in full force and effect until I send written notice of change or cancellation.

**Return this form to your employer's Human Resources Office.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



**TRUE NORTH**  
FEDERAL CREDIT UNION



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Federally  
Insured by  
NCUA