

Direct Deposit Change Request Form

www.TrueNorthFCU.org

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



www.TrueNorthFCU.org
P.O. Box 341578 • Juneau, Alaska 99803

Federally
Insured by
NCUA