

Change Direct Deposit Authorization

Date ____ / ____ / ____ Name of Company Making Deposit _____

Mailing Address _____

City _____ State _____ Zip _____

To Whom It May Concern:

You are currently depositing: my entire check part of my check to the following account: \$ _____

Financial Institution: _____ Financial Institution Routing Number: _____

Account Number: _____ Checking Savings

Please stop making deposits to the above account and instead make the same deposits to:

Financial Institution: **ElectTel Cooperative Federal Credit Union** FI Routing Number: **253176930**

Account Number: _____ Checking Savings

If you have any questions about this request, please contact me at one of the following numbers:

Daytime (_____) _____ Evening (_____) _____

Name (Please Print) _____

Signature _____

Mailing Address _____

City _____ State _____ Zip _____



This credit union is federally insured by the National Credit Union Administration and is an Equal Housing Lender.



COOPERATIVE FEDERAL CREDIT UNION

Your Co-op, Your Credit Union

www.electtelccu.org

800.849.5600