Reset Form

CREDIT UNIONS

DIRECT DEPOSIT CHANGE/REQUEST

◉ Start a direct deposit ○ Change a direct deposit

Previous Financial Institution (If Applicable)

Chequing Account Number to be Discontinued (If Applicable)

Account Holders Name Phone Number

Address

City Province Postal Code

I authorize my payroll to be credited by direct deposit to my Credit Union account number:

Branch Number					Institution Number			Account Number									
4	0	4	9	3	8	3	9	3	6	1							

iNova Credit Union

Name of Credit Union Branch

6150 Almon St, Halifax, NS B3K 1T8

Address

Effective Date: _____

I hereby authorize the below-noted to deposit payments to my above-noted Credit Union account until further notice.

Account Holder's Signature Date

Employer

Address