



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

Name of Credit Union Branch

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