



## 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 Holder's 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 \_\_\_\_\_