



____/____/____
Effective Date

CHANGE DIRECT DEPOSIT

Employer's/Depositor's Name

Address

City

State

Zip

To whom it may concern:

You are currently depositing my ☐ Paycheck/ ☐ Social Security/ ☐ Other (check one)
to the following account:

Financial Institution Name

Routing Number

Account Number

Please stop making deposits to that account and instead make them to:

Financial Institution Name

Routing Number

Account Number

If you have any questions about this request, please contact me at:

Phone Number

Best Time to Call

Thank you.
Sincerely,

Signature

Name (please print)

Address

City, State, Zip

Social Security Number (If applicable)

Other information your employer/depositor may need
(Ex: Employee ID Number, etc.)

