## **Direct Deposit Change Request**

To:

From:

| Addr  | Address:  |  |  |
|---|---|--|--|
|   |   |  |  |
|   |   |  |  |
|   |   |  |  |
|   |   |  |  |
| <b>Social Security Num</b>  | ber:  |  |  |
|   | Re: Change of Direct Deposit Routing:   |  |  |
|   | Please discontinue sending my   | ase discontinue sending my automatic direct deposit to Account # |  |
|   |   | and/or Account #   |  |
|   | with  |  |  |
|   | Please begin sending the same deposit to Consumers Credit Union.                              |  |  |
|   | Consumers Credit Union's rout   | ing information is:  |  |
| Credit Union Name:  | Consumers Credit Union Routing Number: 271989950  |  |  |
| Credit Union Address:   | 2750 Washington Street, Waukegan, IL 60085  |  |  |
|   | P.O. Box 9119, Waukegan, IL   | 60079-9119   |  |
|   |   |  |  |
|   | Deposit Instructions:   |  |  |
|   | Deposit entire amount to o  | Deposit entire amount to checking account number #:              |  |
|   | Deposit \$  | to savings account number #:                                     |  |
|   | and the remainder to checking account #   |  |  |
| <ul> <li>I hereby authorize:</li> <li>Above listed entity to initiate deposit of my funds to my Consumers Credit Union checkin or savings account.</li> </ul> |   |  |  |
| •   | Consumers Credit Union to credit entries to my account(s).                                    |  |  |
| •   | This authorization to remain in effect until I send written notice of change or cancellation. |  |  |
| S   | ignature:   | Date:  |  |
|   |   |  |  |