

Direct Deposit Change Request

Present the following form to your employer to move your direct deposit from your previous financial institution to MEMBERS1st. Please keep in mind that with this request, some employers may request a voided check or other official document from your MEMBERS1st account.

Employer Name

Employer Number

I request to Stop Direct Deposit from the following account:

Financial Institution's Name

Account #

ABA/Routing Number

Account Type

Checking

Savings

I request for Direct Deposit to MEMBERS1st Community Credit Union:

MEMBERS1st Community Credit Union

Financial Institution's Name

Account #

273975331

ABA/Routing Number

Account Type

Checking

Savings

Name (Printed)

Email Address

Address

City/State/Zip

Signature

Date

Telephone