



Change Direct Deposit Form

Effective Date: ____/____/____

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 #: _____ Account #: _____

Account Type: Checking Savings Account Owner's Name: _____

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

Financial Institution Name: Citadel Credit Union _____

Routing #: 231380104 _____ Account #: _____

Account Type: Checking Savings Account Owner's Name: _____

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

Phone number: _____ Best time to call: _____

Thank you.

Sincerely,

Member Signature: _____ Name: _____

Address: _____ City, State, Zip: _____

Social Security Number (if applicable): _____

Other Information Your Employer/Depositor May Need (Ex. Employee ID Number, etc.)
