

DIRECT DEPOSIT CHANGE/AUTHORIZATION AGREEMENT

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____
Social Security Number: _____
Employer: _____

Direct Deposit Change Request

Please discontinue sending my automatic direct deposit to Account
Number: _____
Checking/Savings and or Account Number: _____
_____ Checking/Savings with _____
_____ (Financial Institution Name)

Please begin sending the same deposit to:
New Century Federal Credit Union
971 Collins Street
Joliet IL 60432
New Century FCU Routing Number: 271985352

My New Century FCU Member (Account Number) Number is: _____

Deposit Instructions: Please return this form to your employer's Human Resources office.

_____ Deposit entire amount to Checking Account Number: _____
_____ Deposit \$ _____ to Savings Account Number: _____
And the remainder to Checking Account Number: _____

I Hereby Authorize:

- Above listed entity to initiate deposit of my funds to my New Century Federal Credit Union checking or savings account.
- New Century Federal Credit Union to credit entries to my account (s)
- This authorization to remain in effect until I send written notice of change or cancellation.

Signature _____ Date: _____