



DIRECT DEPOSIT CHANGE FORM

Complete this form and submit to any company or organization who is automatically depositing funds to your existing checking account (payroll, social security, retirement). Feel free to make copies of these forms if you need to.

WHERE IS MY DIRECT DEPOSIT FROM?

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ (please include area code)

MY PERSONAL INFORMATION:

Name: _____

Social Security # _____ Home Phone # _____

Address: _____

City: _____ State: _____ Zip Code: _____

DEPOSIT INSTRUCTIONS:

Please discontinue sending my automatic direct deposit to (Name of financial institution):

Account # _____

Please begin sending this deposit to Pinellas FCU, P O Box 2300, Largo, FL 33779-2300. Please attach a voided check for Account number and Transit/ABA number.

Please check one:

Deposit entire amount to checking account # _____

or

Deposit \$ _____ to savings acct # _____

and the remainder to checking acct # _____

I authorize that the above listed entity initiate deposit of my funds to my Pinellas FCU account, that Pinellas FCU credits entries to my account (s), and that this authorization is to remain in effect until I send written notice of change or cancellation.

Signature: _____ Date: _____