



AUTHORIZATION TO CHANGE DIRECT DEPOSIT

Please deposit my check(s) directly into my new account as indicated below.

**This completed form can be submitted to your employer's payroll department.*

DIRECT DEPOSIT ACCOUNT INFORMATION

Company Name

Company Address, City, State, Zip

TYPE OF DEPOSIT

- Employee Payroll
- Social Security
- V.A. Compensation or Pension
- Supplemental Security Income
- Civil Service Retirement
- Pension
- Other _____

CUSTOMER INFORMATION

Name _____ Phone Number _____ Day Evening

Address, City, State, Zip _____

Employee or Social Security Number _____

PREVIOUS ACCOUNT INFORMATION

- Checking Account
- Savings Account

Previous Financial Institution Name _____ Routing # _____ Previous Account # _____

NEW ACCOUNT INFORMATION

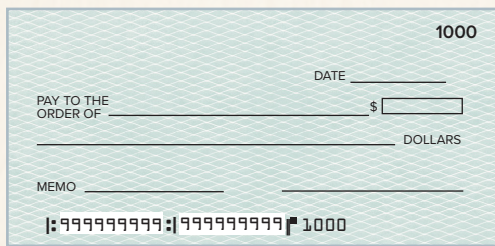
- Checking Account
- Savings Account

Honor Credit Union _____ 272484852 _____

New Financial Institution Name _____ Routing # _____ New Account # _____

Effective Date _____

- Routing and Account numbers can be found along the bottom edge of your check.
- Please attach a voided check from your new account to this form.



Routing Number Account Number



Customer Signature _____

Date _____