



Direct Deposit Authorization Change Form

Please complete this form to establish or change your direct deposit (payroll, dividends, royalties, etc.) to CorePlus Credit Union and submit to your employer(s).

Date: _____

To: _____ (Company/Employer Name)
 _____ (Address of Employer Company)
 _____ (City, State, Zip)

Primary Account Holder:
 _____ (Name)
 _____ (Home Address)
 _____ (City, State, Zip)

Secondary Account Holder:
 _____ (Name)
 _____ (Home Address)
 _____ (City, State, Zip)

Note:

- If there are multiple accounts involved please complete a form for each account.
- Contact your employer(s) concerning Direct Deposit changes
- Verify your HR department does not require the use of their forms.

Please accept this letter as authorization to change the bank account information for direct deposit in the name of: _____, payment type: (i.e. Payroll, Pension/Retirement, Investment Income, other-please specify) _____.

I am aware that some automatic deposits require advance notice of changes. Please include those notice periods when determining the new effective date.

Effective immediately, the new bank information is as follows:

CorePlus Credit Union Account Number: _____
 Bank Address: **202 Salem Turnpike, Norwich, CT, 06360**
 Checking Savings CD Money Market *(select one)*
 ABA Bank Routing Number: **211178598**

If available, attached is a voided check from my account.

If you should have any questions regarding this change, please call me on my daytime phone number: _____
 Please send me confirmation of when the change will be effective.

Thank you for your cooperation.

Sincerely,

 (Member Signature)

