

SIGNATURE

Direct Deposit Change Notification

Complete and submit this form to any company that is automatically depositing funds to your existing checking account. You may be required to complete an additional form from your company or organization.

Direct Deposit Checklist

Consult the Direct Deposit Checkl checking account.	ist to determine which companies you need to no	otify that you ha	ave switched your
Payroll	☐ Other		
Pension/Retirement			
_ r ension, neurement	Direct Deposit Change Notice		
/ /	Direct Deposit Change Notice		
DATE			
EMPLOYER/DEPOSITOR	YOUR NAME		
ADDRESS	CITY	STATE	ZIP CODE
	Direct Deposit Amount Information		
You are currently depositing \$	to the following account		
Full Amount \$	Partial Amount \$		
PREVIOUS FINANCIAL INSTITUTION			
ADDRESS	СІТҮ	STATE	ZIP CODE
	New Financial Institution		
New York University Federal Credi	t Union, 726 Broadway, Suite 110, New York, NY	10003	
226082129			
ROUTING (ABA) NUMBER	ACCOUNT NUMBER		_
	Direct Deposit Authorization		
I.	hereby author	orize my direct	deposit to be sent to my
(PRINT YOU	R NAME)		
•	Credit Union checking account. Please make thi		•
ofwill cor	ntinue to monitor my existing checking account to	confirm the ch	nanges requested
in this application. I will not close a checks and payments have cleared	any existing accounts until the changes have been detected.	en made and a	II outstanding
If you have any questions about the	nis request, please contact me at:		
•	Member Information		
NAME	Ph	HONE NUMBER	
ADDRESS	СІТҮ	STATE	ZIP CODE /

DATE

Visit: www.nyufcu.com E-mail: nyu.fcu@nyu.edu CALL: (212) 995-3171