

Direct Deposit Change Request

Submit this form to your employer or organization responsible for your direct deposit (such as your paycheck, social security, pension, etc.).

| | | • | |
|-------------------------|---|---------------------|--------------|
| То: | (Direct Deposit Source) | | |
| From: | (Your Name) | | |
| Address: | | | |
| | | | (City) |
| | | | (State, Zip) |
| Social Security Number: | | | (0.000, =,p) |
| RE: | Change of Direct D | eposit Routing: | |
| | Please discontinue sending my automatic direct deposit to Account Number: | | |
| | and/or Account Number: | | |
| | with | | |
| | Please begin sending the same deposit to TEXAR Federal Credit Union . Routing Information: | | |
| | TEXAR Federal Credit Union 2301 Richmond Road Texarkana, TX 75503 Routing/Transit number: 311989344 | | |
| | Deposit instructions: | | |
| | Deposit entire amount to Checking Account: Share Type: | | Share Type: |
| | Deposit | to Savings Account: | Share Type: |
| | and the remainder to Checking Account: | | Share Type: |
| | I hereby authorize: Above listed entity to initiate deposit of my funds to my TEXAR Federal Credit Union checking of savings account. TEXAR 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: | | |