

Switch Kit

Quick & Easy Account Switching.

Direct Deposit Form



Please complete this form and submit it with a voided check or temporary deposit slip to your Payroll Department.

NAME

DEPARTMENT/EMPLOYEE ID

MAILING ADDRESS

CITY, STATE and ZIP

The purpose of this form is to (please check one):

_____ Initiate a **NEW** Direct Deposit

_____ **CHANGE** an existing Direct Deposit

_____ **ADD** an additional Direct Deposit

_____ **CANCEL** an existing Direct Deposit

Please deposit my funds into the following account:

ABOUND FEDERAL CREDIT UNION

FINANCIAL INSTITUTION

283978425

ABA ROUTING NUMBER

ACCOUNT NUMBER

SUFFIX

CHECK ONE:

SAVINGS

CHECKING

I hereby authorize my check to be deposited into the account listed above.

SIGNATURE

DATE