

# AUTHORIZATION TO CHANGE DIRECT DEPOSIT

Complete this authorization to change direct deposits to Community Powered Federal Credit Union and provide to your payroll office or any other payor who makes automatic deposits to your account.

\_\_\_\_\_  
Date                      Employer/Depositor's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                                      State                      Zip

## To Whom It May Concern:

You are currently making direct deposits on my behalf to this account:

\_\_\_\_\_  
Old Bank                                      Routing Number

\_\_\_\_\_  
Account Number

## Please discontinue direct deposits here and immediately start direct deposits to my account at:

**Community Powered  
Federal Credit Union  
P.O. Box 7739  
Newark, DE 19714-7739  
231177016**

\_\_\_\_\_  
Routing & Transit Number

\_\_\_\_\_  
Account Number

Account Type:    Savings    Checking

If you have any questions about this request, please contact me during the  day    evening at (\_\_\_\_\_) \_\_\_\_\_  
Phone Number

Thank You.

Sincerely,

\_\_\_\_\_  
Signature                                      Name

\_\_\_\_\_  
Address                                      City                                      State                      Zip

*Please complete this form, print, sign, and return to the appropriate institution.*



**YOUR COMMUNITY CREDIT UNION**  
The Banking Alternative in New Castle County