## **Direct Deposit Payroll Change Request**

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Employer Name, Organiz	zation, etc.		
Street Address	City	State	Zip
Primary Account Holder			
Joint Account Holder			
Joint Account Holder			
Street Address			
City, State, Zip Code		Contact Phone	
		Contact Phone	

## **RE:** Change of Direct Deposit Routing

Please send my automatic direct deposit to account:

Peninsula Credit Union, Routing # 325182344 Account #\_\_\_\_\_

Please remit the funds via ACH to PCU using the ABA Routing and account number noted above.

I hereby authorize the organization above to initiate deposit of my funds to my Peninsula Credit Union account. This authorization will remain effective until I provide written notice of change or cancellation to the originating organization.

Signature

Date

Please Attach a Voided Check Here

