

Change My Payroll Direct Deposit

Date _____

Employer/Depositor's Name _____

Address _____

City, State, Zip _____

To Whom It May Concern:

You are currently depositing MY ENTIRE PAYCHECK / PART OF MY PAYCHECK (circle one) to the following account:

Old Institution: _____

Institution Routing Number: _____

Account Number: _____

Please stop making deposits to that account and instead make them to:

Financial Institution Name: Island Federal Credit Union

Institution Routing Number: 221475896

Account Number: _____

If you have any questions about this request, please contact me at

(_____) (phone number). Best time to call: _____.

Thank you.

Signature _____

Name (please print) _____

Address _____

City, State, Zip _____

Other information your employer may need (SSN, Employee ID#, etc.) _____

(Make as many copies as needed.)

