

## Direct Deposit Authorization Form

Complete this form and submit it to your payroll office or other direct deposit source(s) to change and/or initiate direct deposit to the NIH Federal Credit Union.

[use your tab button to move through the form]

To Whom It May Concern:

Date: \_\_\_\_\_

I have recently changed financial institutions.

This letter provides authorization for \_\_\_\_\_ (company) to change my direct deposit(s) to the NIH Federal Credit Union (NIHFCU) account(s) as follows:

**STOP: Please discontinue my direct deposit at:**

Financial Institution Name: \_\_\_\_\_

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

Routing Number: \_\_\_\_\_

Effective date: mm/dd/yyyy \_\_\_\_\_

**START: Please start my direct deposit to the following:**

Financial Institution Name: NIH Federal Credit Union \_\_\_\_\_

Member Number: (6 digits) \_\_\_\_\_

Routing Number: 255076944 \_\_\_\_\_

Effective date: mm/dd/yyyy \_\_\_\_\_

**ALLOCATION INSTRUCTIONS: Please use the following direct deposit allocation instruction: (select one)**

Deposit the entire amount into my NIHFCU Checking Account (8 digits) \_\_\_\_\_

Deposit the entire amount into my NIHFCU Savings Account (8 digits) \_\_\_\_\_

Deposit \$ \_\_\_\_\_ into my NIHFCU Checking Account (8 digits) \_\_\_\_\_ and

deposit the remaining amount into my NIHFCU Savings Account (8 digits) \_\_\_\_\_

If this letter is not sufficient to change my direct deposit or if you have other questions, please contact me in during the Day  / Evening  (select one or both) at the following phone number:

\_\_\_\_\_.

Thank you for your attention to this important request.

Sincerely:

Authorized Signature: X \_\_\_\_\_

Printed Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_