



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.

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:

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: _____