



DIRECT DEPOSIT CHANGE AUTHORIZATION

CONTACT US WITH ANY QUESTIONS

CALL 800-649-4646
OR 978-537-8021
OR ON
Leominstercu.com

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

Name and Address that makes the Direct Deposit:

Date: _____

RE: **Switching My Direct Deposit**

To Whom It May Concern:

I have recently changed financial institutions and would like to change my direct deposit(s) to my Leominster Credit Union account(s).

Please discontinue my Direct Deposit at:

Financial Institution: _____
Account Number: _____
Routing Number: _____

Please start Direct Deposits to my account at:

Leominster Credit Union
20 Adams Street
Leominster, MA 01453
Routing Number: 211383736

Deposit entire amount to Checking Account Number: _____
Deposit entire amount to Savings Account Number: _____
Deposit \$ _____ to Checking Account Number: _____
and the remainder to Savings Account Number: _____

I hereby authorize:

- Above listed entity to initiate deposit of my funds to my Leominster Credit Union checking or savings account.
- Leominster Credit Union to credit entries to my account(s).
- This authorization to remain in effect until I send written notice of change or cancellation.

If you have any questions regarding this request, please contact me during the day / evening (circle one) at

(___) _____ phone number | (___) _____ cell number

Thank you for your prompt assistance in this matter.

Sincerely,

Authorized Signature
Printed Name _____
Address _____
City /State / Zip _____



Federally insured by NCUA