

Authorization to Change Direct Deposit

Date

Employer or other Depositor's Name

Address

City/State/Zip

To Whom It May Concern:

You are currently making direct deposits on my behalf to this account:

Old Bank: _____

Routing Number: _____

Account Number: _____

Please discontinue direct deposits to the above account and immediately start direct deposits to my account at:

Okaloosa County Teachers Federal Credit Union

1126 North Ferdon Blvd.

Crestview, FL 32536

850-682-2225

Routing & Transit # 263277887

Account Number: _____ Checking Savings

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

_____ (phone number) Day Evening

Thank you,

Account Holder's Signature Date

Name

Address

City/State/Zip