

STEP 3

AUTHORIZATION TO CHANGE DIRECT DEPOSIT

To: _____

From: _____

Address: _____

Social Security Number: _____

Please change my Direct Deposit to:

Fulda Area Credit Union
205 North St. Paul Ave.
Fulda, MN 56131
Transit/ABA Number: 291281560

Account Number: _____ Savings Checking

Please discontinue my Direct Deposit with:

Financial Institution: _____

Routing Number: _____

Account Number: _____

I hereby authorize:

- Above entity to initiate deposit of my funds to my Fulda Area Credit Union checking or share savings account.
- Fulda Area Credit Union to credit entries to my account(s).
- This authorization is to remain in full force and effect until I send written notice of its termination or change.

Signature: _____ Date: _____

Please maintain a sufficient balance in your old account to cover all outstanding withdrawals. Fulda Area Credit Union is not responsible for charges incurred for insufficient funds.