



Direct Deposit Change Request

(Note: do not e-mail documents containing Social Security numbers)

To: _____

From: _____

Address: _____

SSN: _____

RE: Change of Direct Deposit Routing

Please discontinue sending my automatic direct deposit to:

Account Number: _____ With: _____

Account Number: _____ With: _____

Please begin sending the same deposit to Northern Lights Credit Union

Northern Lights Credit union

Direct Deposit Instructions:

1004 Memorial Drive

Account # _____

(Please indicate below by checking choices)

St. Johnsbury, VT 05819

Deposit Entire Amount to: Checking Savings

Routing # 211691457

Deposit \$ _____ to: Checking Savings

Phone: 802-748-2288

I hereby authorize:

The above listed entity to initiate deposit of my funds to my Northern Lights Credit Union account.

Northern Lights Credit Union to credit entries to my account. This authorization to remain in effect until I send written notice of change or cancellation.

Signature: _____ Date: _____