



## DIRECT DEPOSIT TRANSFER REQUEST FORM

Establish or switch your direct deposit/s from your previous checking account to your new CCU checking account with this form. Complete and send it to the company or agencies that make Direct Deposit/s into your account.

### PERSONAL INFORMATION

Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### DIRECT DEPOSITOR INFORMATION

Employer/Depositor Name: \_\_\_\_\_

Account or Other Identifying Number at This Depositor: \_\_\_\_\_

Fax Number (if applicable): \_\_\_\_\_

### FINANCIAL INSTITUTION INFORMATION

**START DEPOSITING TO THE ACCOUNT LISTED HERE:**

Financial Institution: **Co-op Credit Union**

Account Type (check):

Checking

Savings

Routing Transit Number: **275977120**

10-Digit **Checking** Account Number

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14-Digit **Savings** Account Number

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I hereby authorize the above direct deposit. \_\_\_\_\_

(Signature)

\_\_\_\_\_  
(Date)