Direct Deposit Change Request Form

1ST COMMUNITY CREDIT UNION
1000 W. Wisconsin Street * Sparta, WI 54656 * 608-269-8121
1410 W. Highway 16 * West Salem, WI 54669 * 608-786-2420

Date: _____ To: _____
Employer/Depositor's Name

_____
Address

_____
City/State/Zip

RE: Change of direct deposit routing

To Whom It May Concern: You are currently making direct deposits on my behalf to this account:
#_____ and/or _____
(checking) (savings)
with _____.
Old Financial Institution

Please discontinue direct deposits to the account listed above and immediately begin sending my direct deposit to my account at:

1st Community Credit Union
PO Box 167
1000 W. Wisconsin St
Sparta, WI 54656
Routing Number: 275981909

Deposit Instructions: *(check one of the following deposit options)*

☐ Deposit entire amount to account number _____
circle account type Checking Savings

☐ Deposit $_____ to account number _____
circle account type Checking Savings

AND deposit the remainder to account number _____
circle account type Checking Savings

If you have any questions about this request, please call me during the Day / Evening at (____) ____ - _____
(circle one) (phone number)

I authorize:

- Above listed entity to initiate deposit of my funds to my 1st Community Credit Union checking or savings account
- 1st Community Credit Union to credit entries to my account(s)
- This authorization to remain in effect until I send written notice of change or cancellation

Signature_____ Date_____

_____ _____ - _____ - _____
Name Social Security Number

_____
Address

_____

_____
City State Zip