



Direct Deposit Payroll Change Request

Date:

To:

Employer Name & Organization

Street Address

City

State

Zip

From:

Account Holder

Account Holder

Account Holder

Street Address

City, State, Zip Code

Home Phone

RE: Change of Direct Deposit routing

Please send my automatic direct deposit to account:

Financial Institution: _____ Routing #: _____ Account #: _____

Please remit the funds via ACH to BECU using the ABA Routing and account number noted above.

I hereby authorize the organization above to initiate deposit of my funds to my BECU account. This authorization will remain effective until I provide written notice of change or cancellation to the originating organization.

Signature

Date