

Direct Deposit Change Request



Member: Please make as many copies of this form as needed. Bring or mail to your payroll department.
Please note: Your employer may require you to complete a different form.

Employee/Employer Information

Employee Name _____ Employer/Depositor _____
Employer Address _____ City _____ State _____ ZIP Code _____

Previous Financial Institution

Previous Financial Institution _____ Account Number _____
Check one: Entire Paycheck Partial Paycheck _____
Direct Deposit Amount _____

New Direct Deposit Institution

Account Number _____ Effective Date _____
Wings Credit Union Routing #: 296076152
Account Type (check one): Savings Checking _____
Signature _____

Additional Information

Additional information for your employer (SSN, Employee ID#, etc.) _____