

SWITCH DIRECT DEPOSIT FORM

DATE

EMPLOYER/DEPOSITOR NAME

EMPLOYER/DEPOSITER ADDRESS

CITY, STATE, ZIP

TO: _____

You are currently making Direct Deposits into the following account:

Current Financial Institution: _____

Routing Number: _____

Account Number: _____

Please immediately stop making payments from that account and switch them to:

New Financial Institution: LEGACY

Routing Number: 262086561

Account Number: _____

If you have any questions about this request, please contact me during the DAY/ EVENING (circle one)

at (_____) _____ - _____ (phone number).

Thank you for your assistance.

Sincerely,

SIGNATURE

NAME (Please print)

ADDRESS

CITY, STATE, ZIP



LEGACY
Community Federal Credit Union