

## Authorization to Change Direct Deposit Please deposit my check(s) directly into my new account as

indicated below.

Direct Deposit Account Information			
Company Name			
Address	City, State		Zip
Type of Deposit			
☐ Employee Payroll	Civil Service Retirement		
Social Security	Pension		
☐ V.A Compensation/Pension	Other:		
Customer Information			
Name	Pho	ne Number	Employee or SS Number
Address	City, State		Zip
Previous Account Information		Checking Account	Savings Account
Previous Financial Institution Name		Routing Number	Previous Account Number
New Account Informat	ion		
Greater Niles Community FCU		272483387	
New Financial Institution Name		Routing Number	New Account Number
Memher Signature		Fffective Date	