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.)