

# STEP 3

## AUTHORIZATION TO CHANGE DIRECT DEPOSIT

To:

From:

Address:

Social Security Number:

Please change my Direct Deposit to:

Fulda Area Credit Union  
205 North St. Paul Ave.  
Fulda, MN 56131  
Transit/ABA Number: 291281560

Account Number:

Savings  Checking

Please discontinue my Direct Deposit with:

Financial Institution:

Routing Number:

Account Number:

I hereby authorize:

- Above entity to initiate deposit of my funds to my Fulda Area Credit Union checking or share savings account.
- Fulda Area Credit Union to credit entries to my account(s).
- This authorization is to remain in full force and effect until I send written notice of its termination or change.

Signature:

Date:

Please maintain a sufficient balance in your old account to cover all outstanding withdrawals. Fulda Area Credit Union is not responsible for charges incurred for insufficient funds.