

Direct Deposit Change Notice

Complete and submit this form to the payroll department of the company or organization that is depositing funds to your existing checking account.

Name:	Social Security #:	
Company:	Phone:	
Address:		
City:	State:	Zip:

Previous Financial Institution Information		
Institution:	Account #:	
Address:		
City:	State:	Zip:

NEW Financial Institution Information	
Account #:	
Metro Credit Union 200 Revere Beach Parkway Chelsea, MA 02150	Routing #: 211381990 Phone: 877-MY-METRO

Authorization	
<p>IMPORTANT – READ BEFORE SIGNING: I hereby authorize my direct deposit to be sent to my NEW Metro Credit Union account. I have attached a copy of a voided check for reference (optional).</p>	
Signature (Account Owner):	Date: