Brokaw Credit Union

Direct Deposit Change Request

To (Direct Deposit Source): _____

From (Your Name and Address): _____

_____

_____

Social Security Number: _____

RE: Rerouting of Direct Deposit

Please *discontinue* sending my direct deposit to:

Financial Institution: _____

Account Number: _____

and/or Account Number: _____

Please *begin* sending my deposit to:

Brokaw Credit Union
P.O. Box 199
2006 Schofield Ave., Weston, WI 54476
Routing Number: 275977159

Account Number: _____

Deposit Type: Savings or Checking

Deposit Amount: Net Check or $ _____

Payroll Period: Weekly / BiWeekly / Monthly / Semi-Monthly

Effective Date: _____

I hereby authorize my employer to deduct from my salary the amounts set forth in this authorization and to deposit these funds at the financial institution for each payroll period following receipt of this authorization until further notice from me. I understand that this authorization is revocable. If this is a change in a previous authorization, I instruct my employer to cancel my previous authorization and to follow this authorization. I grant the financial institution a power of attorney to increase or decrease the amount of my deduction upon written or verbal request. This power of attorney only applies to a loan or credit extension for which the payment may vary. I authorize my employer to honor any payment change made under this power of attorney.

Signature: _____ Date: _____