



DIRECT DEPOSIT REQUEST

Date _____

Company Name _____

Company Address _____

City, State Zip _____

To Whom It May Concern,

Currently, you are depositing into my account at _____, account number _____, routing number _____. This letter serves as my request to redirect my deposit into the following financial institution _____, account number _____, routing number _____ effective immediately. If you have any questions regarding this change request, please call me at (____) ____ - _____.

Thank you,

Signature

Print Name

Address

City, State Zip

*Please attach a voided Carter Credit Union check to this letter.