



Sheboygan Area Credit Union

Direct Deposit Change Request

Submit this form to your employer or organization responsible for your direct deposit (such as your paycheck, social security, pension, etc.).

To:

From:

Address:

Social Security Number:

(Direct Deposit Source)

(Your Name)

(City)

(State, Zip)

RE: Change of Direct Deposit Routing:

Please discontinue sending my automatic direct deposit to Account Number: _____ and/or Account Number: _____

with

Please begin sending the same deposit to **Sheboygan Area Credit Union**.

Routing Information:

Sheboygan Area Credit Union
1707 Indiana Ave
Sheboygan, WI 53081

Routing / Transit Number: #275981828

Deposit instructions:

Deposit entire amount to Checking Account:

Share Type:

Deposit _____ to Savings Account:

Share Type:

and the remainder to Checking Account:

Share Type:

I hereby authorize:

- Above listed entity to initiate deposit of my funds to my Sheboygan Area Credit Union checking or savings account.
- Sheboygan Area Credit Union to credit entries to my account(s).
- This authorization to remain in effect until I send written notice of change or cancellation.

Signature: _____ Date: _____