563 Wm. Latham
Bourbonnais, IL 60914

COMMONWEALTH Credit Union

Direct Deposit Change Request Form

INSTRUCTIONS: COMPLETE THIS FORM AND SEND TO YOUR EMPLOYER, SOCIAL SECURITY, OR OTHER BENEFITS PROVIDER CURRENTLY DEPOSITING FUNDS INTO YOUR EXISTING ACCOUNT.

NOTE: YOU MUST ALSO COMPLETE THE COMMONWEALTH CREDIT UNION DIRECT DEPOSIT APPLICATION AND SEND IT TO US.

To: _____
Company Name

From: _____
Your Name

Address: _____
Mailing Address

City: _____ State: _____ Zip: _____

Social Security Number: _____

RE: CHANGE OF DIRECT DEPOSIT ROUTING

I have recently opened a new account at Commonwealth Credit Union. I would like to change my direct deposit transactions as of _____ .
Effective Date

Please STOP sending my automatic direct deposit to account number _____
Existing Account Number

at _____ .
Existing Financial Institution

Please begin sending the same deposit to Commonwealth Credit Union.

Commonwealth Credit Union Routing & Transit Number: 271985462

Commonwealth Credit Union Account Number: _____

Type of Account: ❑ Savings ❑ Checking

If you have any questions regarding this request, please call me at: _____
Phone Number

Thank you for your help with this matter.

Sincerely,

_____ Date: _____
Signature