

Direct Deposit Change Form



Use this form to request the direct deposit of your funds to your new Reliant Community Credit Union account.
Be sure to attach a voided check or deposit slip from your new account.

Date _____

Company Name _____

Company Address _____

City _____

State _____

Zip _____

Company Phone _____

Company Fax _____

To Whom It May Concern:

You are currently depositing (check one) my entire check part of my check
to the following account:

Financial Institution Name: _____

Address: _____

Routing Number: _____ Account Number: _____

*Effective _____ (date), please stop making deposits to that account and instead send them to:

Reliant Community Credit Union
10 Benton Place, PO Box 40
Sodus, NY 14551
Reliant Routing # 222382438

(Check one) Reliant Checking #

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(This 10-digit number is located at the bottom of your check or deposit slip.)

Reliant Savings Account # _____

If you have any questions about this request, please contact me at this number during normal business hours: _____

Thank you.

Sincerely,

Signature

Employee Name: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Employee ID Number/SSN: _____

**Please note that it may take several weeks for your direct deposit to be established. Also, the company establishing direct deposit may require additional information.*