

Direct Deposit Change Request

Submit this form to your employer or organization responsible for your direct deposit.

To (Direct Deposit Source) Click or tap here to enter text.

Your Name: Click or tap here to enter text.

Your Address: Click or tap here to enter text.

RE: Change of Direct Deposit Routing:

Please discontinue sending my automatic direct deposit to
Account#: Click or tap here to enter text. With (Financial Institution): Click or tap here to enter text.

Please begin sending the same deposit to **Wolverine State Credit Union.**

Wolverine State Credit Union Account #: Click or tap here to enter text.

Routing Information:

350 N. 2nd St.
PO Box 395
Alpena, MI 49707
Routing/ABA#: 272476446

I hereby authorize:

- Above listed entity to initiate deposit of my funds to my WSCU Account.
- WSCU to credit entries to my account.
- This authorization to remain in effect until I send written notice of change or cancellation.

Signature: _____

Date: _____