



Step 2 Authorization to Change Direct Deposit

Instructions: Complete this authorization to change direct deposits to Members Cooperative Credit Union and provide to your payroll office or any other payor who makes automatic deposits to your account.

Date: _____

Employer/Depositor's Name: _____

Address: _____

City/State/Zip _____

To Whom It May Concern:

You are currently making direct deposits on my behalf to this account:

Old Financial Institution: _____

Routing Number: _____

Account Number: _____

Please discontinue direct deposits here and immediately start direct deposits to my account at:

Members Cooperative Credit Union

101 14th Street

Cloquet MN 55720

Routing Number: 291973454

Account Number: _____

If you have any questions about this request, please contact me during the day / evening (circle one) at (_____) _____ (phone number).

Thank you.

Sincerely,

Signature _____

Name (print) _____

Address _____

City/State/Zip _____