



Change of Direct Deposit Form

Direct Deposit Request

Employee Number _____

Employee Name _____

Name of Employer _____

Employer Address _____

NH Postal Credit Union
PO Box 4444, Manchester, NH 03108-4444

NH Postal Credit Union Routing Number: 211489449

NH Postal Credit Union Checking Account Number: or

NH Postal Credit Union Savings Account Number:

Payroll Number _____ Effective/Start Date _____

- | | | | |
|------------------------------------|----------------|----------------|---------------------------------------|
| <input type="checkbox"/> Checking | [ACCT #] _____ | [AMT] \$ _____ | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> Savings | [ACCT #] _____ | [AMT] \$ _____ | <input type="checkbox"/> Bi-Weekly |
| <input type="checkbox"/> Net Check | | | <input type="checkbox"/> Monthly |
| | | | <input type="checkbox"/> Semi-Monthly |

I hereby authorize and request the employer named above to deposit the amounts indicated to NH Postal Credit Union for each payroll period beginning on the effective/start date indicated above and until further notice from me. If this is a change in a previous authorization, I instruct my employer to cancel my previous authorization and to follow this authorization.

Member Signature _____ Date _____

Please note: Your employer may require you to complete their own Direct Deposit form and/or include a voided check for the account funds will be deposited in.