

DIRECT DEPOSIT CHANGE/REQUEST

☐ Start a direct deposit ☐ Change a direct deposit

Previous Financial Institution (If Applicable) _____

Chequing Account Number to be Discontinued (If Applicable) _____

Account Holder's Name _____

Phone Number _____

Address _____

City _____

Province _____

Postal Code _____

I authorize my payroll to be credited by direct deposit to my Credit Union account number:

Branch Number					Institution Number			Account Number							

Progressive Credit Union Limited _____

Name of Credit Union

Branch _____

5; 7 _____

Address

Effective Date: _____

I hereby authorize the below-noted to deposit payments to my above-noted Credit Union account until further notice.

Account Holder's Signature _____

Date _____

Employer _____

Address _____