

AUTHORIZATION TO CHANGE DIRECT DEPOSIT

Today's
Date

(Please fill out and print completed form and mail or bring into a PSE branch office.)

Name of Direct Depositor _____

Direct Depositor Address _____

Street Address

City

State

Zip

On _____ I closed my Checking Account at _____ Old Acct # _____

Financial Institution

Account Holder _____ Social Security # _____

Please establish Direct Deposit into my new **Checking Account**, effective as of _____

New Financial Institution: PSE Credit Union, Inc. Routing # 2410-8106-6

Financial Institution Address: 5255 Regency Drive Parma, Ohio 44129

New Account # _____ I have enclosed a Deposit/Voided Check to verify the account #.

Signature(s) _____ Daytime Phone Number _____

(Print completed form and sign by hand.)

Complete, print, and sign one form for each company or organization with whom you have arrangement for Direct Deposit. Call 440-843-8300 with questions.