

## DIRECT DEPOSIT CHANGE REQUEST

<b>DIRECT DEPOSIT CHANGE REQUEST</b>			
<b>1</b> <b>FORM USAGE</b>	<p>Complete the form, print it and present it to your current employer, or company initiating the direct deposit. Or you may present it to a Me/CU representative.</p> <p>Allow sufficient time for your direct deposit to reach your new account before closing the old account.</p>		
<b>2</b> <b>COMPANY INITIATING DIRECT DEPOSIT OR EMPLOYER</b>	INSTRUCTIONS:	Upon presentment and/or receipt of this Request, please discontinue the direct deposit of funds currently being sent to my previous financial institution and begin sending the direct deposit to my new financial institution account. If you require additional information from me with regard to this request, please contact me by mail or by phone.	
	Today's Date		
	To/Employer		
	Street Address		
	City, State, Zip		
<b>3</b> <b>CURRENT OR PREVIOUS FINANCIAL INSTITUTION INFORMATION</b>	Name		
	Account Number		
	Routing Number		
	Direct Deposit of (\$0.00)	Specific Amount	Full Paycheck
<b>4</b> <b>NEW FINANCIAL INSTITUTION INFORMATION</b>	Name	Municipal Employees Credit Union of Oklahoma City 101 N. Walker Ave., Oklahoma City, OK 73102 (405) 813-5500	
	Account Number		
	Routing Number	303085337	
	Type of Account	Checking	Savings
	Direct Deposit of (\$0.00)	Specific Amount	Full Paycheck
	Effective Date		
	Additional Information	SSN	Employee ID
<b>5</b> <b>AUTHORIZATION (ACCOUNT HOLDER or EMPLOYED PERSON)</b>	Printed Name		
	Signature		