

# DIRECT DEPOSIT CHANGE REQUEST



EMPLOYEE/EMPLOYER INFORMATION	
Employee Name	Employer Address
Employer/Depositor	
PREVIOUS FINANCIAL INSTITUTION	
Previous Financial Institution	Account Number
Direct Deposit of: _____	Entire Paycheck/Partial Paycheck (circle one)
NEW DIRECT DEPOSIT INSTITUTION	
Wings Financial Credit Union Routing #: 296076152	
Account Number	Checking/Savings (circle one)
Signature	Effective Date
Additional information for your employer (SSN, Employee ID#, etc)	

Member: Please make as many copies of this form as needed. Bring or mail to your payroll department. Please note, your employer may require you to complete a different form.

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