

Direct Deposit Change Form

Submit this form to any company organization that you want to automatically deposit funds into your Leaders Credit Union Checking Account. You may make additional copies if necessary.

NAME

ADDRESS

CITY, STATE, ZIP

DAYTIME PHONE NUMBER

ID NUMBER (PAYROLL OR SOCIAL SECURITY NUMBER)

I hereby authorize Direct Deposit of my paycheck/recurring payment to my Leaders Credit Union Account. *

I understand my employer has the right to reverse erroneous entries.

Please make this change effective _____ (date).

*To Initiate Direct Deposit into your Leaders Credit Union Checking Account, please include a voided Leaders Credit Union check with this form.

New Financial Institution Information:

Leaders Credit Union
P.O. Box 10008
Jackson, TN 38308
(731) 664-1784

Routing Number: **284383886**

Account Number: _____

Previous Financial Institution Information:

NAME OF FINANCIAL INSTITUTION

ADDRESS

CITY, STATE, ZIP

ACCOUNT NUMBER

PRINTED NAME

SIGNATURE

DATE