

Insurance Direct Deposit Authorization

Please change my existing insurance direct deposit.

PROVIDER NAME: _____

PAYEE ID: _____

ADMINISTRATIVE CONTACT: _____

TAX ID: _____

PHONE NUMBER: _____

Financial Institution Information:

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

Routing Number: **284383886** Account Number: _____

NAME ON ACCOUNT (PLEASE PRINT): _____

ADDRESS: _____

CITY, STATE, ZIP: _____

DAYTIME PHONE NUMBER: _____

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____