



# Direct Deposit Authorization

## 1 Personal Information

Customer Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## 2. Please change my Direct Deposit to:

Neighborhood Credit Union

P.O. Box 803476

Dallas, Texas 75380-3476

Phone: 214.748.9393

Neighborhood Credit Union  
Routing Number: 311079270

Savings Account Number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

## 3. Deposit Information

Start Date:  Immediately  
 Beginning on: \_\_\_\_\_

Amount:  Entire Net Pay  
 \_\_\_\_\_ % of Net Pay  
 \$ \_\_\_\_\_

## 4. Authorization

Name: \_\_\_\_\_

Print: \_\_\_\_\_ Date: \_\_\_\_\_

Please send this form and a voided check or deposit slip from your Neighborhood Credit Union account to your employer or company that processes your direct deposit.