

DIRECT DEPOSIT AUTHORIZATION

PERSONAL INFORMATION			
Member Name:		SSN:	
Address:			
City:	State:	Zip:	
Phone Number:	Employer:		
PLEASE CHANGE MY DIRECT DEPOSIT TO:			
Neighborhood Credit Union	Routing Number: 311079270		
P.O. Box 803476 Dallas, Texas 75380-3476	Checking Account Number:		
Phone: 214.748.9393	Savings Account Number:		
DEPOSIT INFORMATION			
Start Date:			
☐ Immediately			
Beginning on:			
Amount:			
☐ Entire Net Pay			
% of Net Pay			
□ \$			
The company initiating your credit or debit transubmitted along with this form.	saction may request a voided chec	ck or deposit slip to be	
Change Direct Deposit Electronically (Do not n	eed to complete this form):		
Use our free service ClickSWITCH available in t	-	" then "Start ClickSWITCH") or	
in Online Banking (Login, Click "Additional Servi	ices" then "Start ClickSWITCH".		
Print Name:			
Signature:		Date:	