



DIRECT DEPOSIT AUTHORIZATION

PERSONAL INFORMATION

Member Name: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Employer: _____

PLEASE CHANGE MY DIRECT DEPOSIT TO:

Neighborhood Credit Union
P.O. Box 803476 Dallas, Texas 75380-3476
Phone: 214.748.9393

Routing Number: 311079270
Checking Account Number: _____
Savings Account Number: _____

DEPOSIT INFORMATION

Start Date:

- Immediately
- Beginning on: _____

Amount:

- Entire Net Pay
- _____% of Net Pay
- \$ _____

The company initiating your credit or debit transaction may request a voided check or deposit slip to be submitted along with this form.

Please provide this completed form to your Payroll department for processing.

Print Name: _____

Signature: _____

Date: _____