



## Direct Deposit Authorization Form

### 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
- \$ \_\_\_\_\_

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.

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

Signature: \_\_\_\_\_

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