



**Direct Deposit Change Request Form**

**Company Information:**

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

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

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

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

**Member Information:**

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

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

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

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

**The following accounts have been closed:**

Checking Account #: \_\_\_\_\_ Savings Account #: \_\_\_\_\_

At \_\_\_\_\_ (name of previous financial institution)

Located at \_\_\_\_\_ (address)

**Please begin sending my deposit(s) to:**

Roswell Community Federal Credit Union

2514 N. Main Street

Roswell, NM 88201

Routing Number: 312276409

Phone: (575) 623-7788 Fax: (575) 622-2340

**Deposit Instructions:**

- Please deposit the entire amount to my checking account # \_\_\_\_\_
- Please deposit \$ \_\_\_\_\_ to my savings account # \_\_\_\_\_  
and the remaining balance into my checking account # \_\_\_\_\_

I hereby authorize the above listed entity to initiate automatic deposit of funds to the RCU FCU account (s). I submit this letter as written notification. These instructions shall remain in effect until I send written notice of change or cancellation.

\_\_\_\_\_  
Account Holder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Account Holder Name (please print)