THE POLICE CREDIT UNION
Serving Law Enforcement Since 1953

# DIRECT DEPOSIT AUTHORIZATION/CHANGE REQUEST

Member Services: 800.222.1391 • www.thepolicecu.org

*Complete this form and provide it to each company that deducts automatic payments from your account(s). You are responsible for confirming the cancellation of your automatic payments with your existing financial institution. Please keep a copy of your completed form for your records.*

Name _____ Date _____

Address _____

Daytime Contact Phone Number _____

Name of Company Making Automatic Withdrawal

_____

Company Address _____

Company Account Number _____

I have recently changed financial institutions and would like to have my automatic payment(s) with your company changed to my new account.

Existing Financial Institution _____

Existing Financial Institution Routing Number _____

Existing Financial Institution Account Number / Type _____

☐ Please stop making withdrawals from the above account

☐ Please start making the withdrawals from: The Police Credit Union
P.O. Box 1087
San Bruno, CA 94066

Financial Institution Routing Number **321076496**

Effective Date(s) or Frequency of Payment _____

☐ Amount Due Acct. # _____

OR

☐ Checking Acct. # _____ Amount $ _____

☐ Savings Acct. # _____ Amount $ _____

☐ Other Acct. # _____ Amount $ _____

If you have any questions regarding this request, please contact me at the phone number listed above. If this form is not sufficient for automatic payments, please send me your authorized company form for my signature.

_____ _____

Signature Date