

# Change Notice: Direct Deposit

Print as many copies of this form as needed.

To: \_\_\_\_\_

Attention: \_\_\_\_\_

(If you have a contact name, include here.)

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

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

I currently automatically deposit all or part of my:

Social Security Check     Retirement Check     Payroll Check

Other Check: \_\_\_\_\_ to the following account: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_

My Financial Institution Account Number: \_\_\_\_\_

**Effective immediately discontinue making the deposit into the above referenced financial institution and begin to make the deposit to:**



**EIFCU**  
Entertainment Industries  
Federal Credit Union

*A Member-Owned Financial Cooperative*

16 West Grand Street  
Elizabeth, NJ 07201-2312  
Phone: 908.282.9881  
Fax: 908.282.9885  
[www.eicu.org](http://www.eicu.org)

**Routing Number: 2260-82116**

Account Number: \_\_\_\_\_

(Enter your Credit Union checking account number.)

If you have any questions, please call me at \_\_\_\_\_ (daytime) or \_\_\_\_\_ (evening).

This change is authorized by:

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

Name (Print): \_\_\_\_\_

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

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

Social Security Number: \_\_\_\_\_ Employer ID Number: \_\_\_\_\_

If required

If required