

Authorization To Change My Direct Deposit

Company Name _____

Net Amount _____

Please change my records so my direct deposit goes to the account listed below:

Checking Savings

ACCOUNT NO.

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ROUTING NO.

2	4	3	3	8	0	9	2	7
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Customer Name _____

Address _____

Social Security # _____

Phone No. _____

Signature _____ Date _____

Complete this form for each depositor (employer, Social Security, etc.) with whom you have arrangements for Direct Deposit. Call for additional forms.

Erie Federal Credit

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