



FEDERAL CREDIT UNION

# Direct Deposit Information Change Form

Authorization To:  Start  Change  Cancel

I authorize you and Fort Lee Federal Credit Union to initiate direct deposit entries to my account indicated below. This authority will remain in effect until I have cancelled it in writing.

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

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

Net Pay Amount: \$ \_\_\_\_\_ Allotment Amount: \$ \_\_\_\_\_

### Financial Institution

Fort Lee Federal Credit Union  
4495 Crossings Boulevard  
Prince George, VA 23875

Routing #: **251480576**

### Account Holder Information (Please Print)

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

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

Social Sec. #: \_\_\_\_\_

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

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

### Employer Information

Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Financial Institution Certification (To be completed by financial institution personnel only)

I confirm the identity of the above named payee and the account number and title. As a representative of the above named financial institution, I certify the financial institution agrees to receive and deposit the payment identified above.

Member Service Representative (Print Name): \_\_\_\_\_

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