



STEP 3 Direct Deposit Change Request | Authorization

Instructions: Complete this authorization to change direct deposit to DoverPhila Federal Credit Union and provide a copy to the Credit Union and one to your payroll office or any other payor who makes automatic deposits to your account.

Personal Information	
Member Name	SSN
Employer	Employee #
Home Phone #	Work Phone #
Cell Phone #	

You are currently making direct deposits on my behalf to this account:

Old Bank:
Routing Number:
Account Number:

Please discontinue direct deposits here and **immediately** start direct deposits to my account at:

DoverPhila Federal Credit Union
119 Fillmore Ave | Dover, OH 44622
Routing Number: 241280650
Account Number:

Deposit Instructions
<input type="checkbox"/> Deposit entire amount to my _____ account #
<input type="checkbox"/> Other – see Direct Deposit Change Request Authorization Schedule

Thank you

I hereby authorize my employer to deduct from my salary the amounts set forth in this authorization and to deposit these funds at the Credit Union for each payroll period following receipt of this authorization until further notice from me. I understand that this authorization is revocable. If this is a change in a previous authorization, I instruct my employer to cancel my previous authorization and to follow this authorization. If I fail to cancel this authorization upon filing for bankruptcy, my employer and the Credit Union are directed to make and apply deductions in accordance with this authorization. I grant the Credit Union a power of attorney to increase or decrease the amount of my deduction upon my written or verbal request. This power of attorney only applies to a loan or credit extension for which the payment may vary. I authorize my employer to honor any payment made under this power of attorney.

Signature _____ Date _____



STEP 3.5 | Direct Deposit Change Request | Authorization Schedule

Instructions: Complete this authorization to schedule a direct deposit at Dover-Phila Federal Credit Union. This portion will be retained at the Credit Union.

Personal Information	
Member Name	SSN
Employer	Employee #
Home Phone #	Work Phone #
Cell Phone #	

Share Draft/Checking # _____ \$ _____
(full acct #)
 Share/Savings # _____ \$ _____
(full acct #)
 Money Market # _____ \$ _____
 Loan # _____ \$ _____
 Loan # _____ \$ _____
 IRA # _____ \$ _____
 Other: _____ # _____ \$ _____
 Other: _____ # _____ \$ _____

By signing, I authorize the Credit Union to apply my payroll deduction for each pay period as follows above.

Signature _____ Date _____