

Switch Kit

DIRECT DEPOSIT CHANGE REQUEST

To: _____

From: _____

Address: _____

Phone: _____

RE: Change of Direct Deposit Routing

Please accept this letter as my authorization to transfer my direct deposit to Magnifi Financial Credit Union, effective _____
(Date)

Discontinue sending my automatic direct deposit to Account Number: _____

and/or Account Number: _____

with: _____

(Old Financial Institution)

Please begin sending the same deposit to Magnifi Financial Credit Union:

Magnifi Financial Routing Number: 291974204

Deposit entire amount into Checking Account Number: _____

Deposit \$ _____ into Savings Account Number: _____

and the remainder into Checking Account Number: _____

By signing this form, I hereby authorize:

- Above listed entity to initiate deposit of my funds to my Magnifi Financial Credit Union checking and/or savings account(s).
- Magnifi Financial Credit Union to credit entries to my account(s).
- This authorization to remain in effect until I send written notice of change or cancellation.

Signature: _____

Date: _____

