DIRECT DEPOSIT (PAYROLL) CHANGE FORM

JAX FEDERAL CREDIT UNION

Please advise your employer's Human Resources or Payroll Department that you wish to change your Direct Deposit to Jax Federal Credit Union and provide them with the following information. If you need a letter from Jax Federal Credit Union, please call our Contact Center at 904.475.8000. (Or you may call your personal representative.)

Name (please print clearly) _____ Date _____

Social Security or Indentification Number _____ Daytime Phone Number _____

Please **discontinue** Direct Deposit to:

Name of Institution _____ Account Number _____

I hereby authorize you to Direct Deposit my payroll to:

Jax Federal Credit Union
562 Park Street
Jacksonville, FL 32204
(904) 475-8000

New Account Number _____

Routing Number: 2 6 3 0 7 9 2 3 4

☐ Checking ☐ Savings

I hereby authorize the Direct Deposit of payroll from my employer, _____
to my account listed above at Jax Federal Credit Union.

X _____ Signature _____ Date _____

Print Form