



## Payroll Direct Deposit Form

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

Name of Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Attn: Direct Deposit Department

To Whom It May Concern:

I, \_\_\_\_\_ authorize you to terminate my current direct deposit and start depositing into my new financial institution.

**I would like to stop my direct deposit to:** Previous Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**I would like to start my direct deposit to:**

Robins Federal Credit Union, PO Box 6849, Warner Robins, GA 31095-6849

Routing Number: 261171587 Account Number: \_\_\_\_\_

Mark Box: Checking  or Savings

Amount of Deposit: Mark box  **Net Pay** or type specific amount: \$\_\_\_\_\_

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

Forward completed form to your payroll office or any other organization that regularly sends you a payment.

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