



Direct Deposit Request for Change or Authorization

Initial Authorization OR Change of Direct Deposit

To:

From:

Address:

Social Security Number:

Change of Direct Deposit

Please discontinue sending my automatic direct deposit to Account Number: _____ and/or Account Number: _____ with

Please begin sending the same deposit to 1ST Gateway Credit Union. 1ST Gateway Credit Union's routing information is:

*1ST Gateway Credit Union
2306 Camanche Industrial Park Drive
PO Box 110
Camanche, IA 52730
Routing/ABA # 273973320*

Deposit instructions:

Deposit entire amount to Share Draft Account Number: _____

Deposit \$ _____ to Share Draft Account Number: _____

Deposit entire amount to Share Savings Account Number: _____

Deposit \$ _____ to Share Savings Account Number _____

Deposit \$ _____ into Holiday Account _____

Apply \$ _____ to Loan Account _____ suffix _____

Use 1ST Gateway location and routing number from above.

I hereby authorize:

- Above listed entity to initiate deposit of my funds to my 1ST Gateway Credit Union checking or savings account.
- 1ST Gateway 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: _____