

**Direct Deposit Change Form**

**NEW**       **CHANGE**

I hereby authorize \_\_\_\_\_ to deposit my pay to the account at the financial institution indicated below. I further acknowledge that it is my responsibility to notify the Human Resources Department of \_\_\_\_\_ of any changes in the financial institution, account number or allocation of funds.

**Account Information**

**Primary Direct Deposit Account.** If no additional accounts are specified, 100% of your net pay will be deposited into the Primary Account.

Priority	Bank Name	Transit/RoutingNumber (Must be Nine Digits)	Account Number	Amount	(Check One)
1	Space Coast Credit Union	263177903		\$	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

**Adding Additional Direct Deposit Accounts.** Distributions are made to accounts according to the priority specified. Accounts with the lowest priority numbers are funded first, with the balance of your pay deposited into your Primary Account.

Priority	Bank Name	Transit/RoutingNumber (Must be Nine Digits)	Account Number	Amount	(Check One)
2	Space Coast Credit Union	263177903		\$	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
3	Space Coast Credit Union	263177903		\$	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Employee Name		Employee ID	
Signature		Date	