SPACE COAST CREDIT UNION

Your life. Your financial watchdog.

Form 3

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		$	☐ Checking ☐ 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		$	☐ Checking ☐ Savings
3	Space Coast Credit Union	263177903		$	☐ Checking ☐ Savings

Employee Name	Employee ID
Signature	**Date**