

DIRECT DEPOSIT CHANGE FORM

Give to Human Resources/Payroll Department



Please reroute my direct deposit per my instructions

Previous Financial Institution _____ Account Number to be discontinued _____

Employee's Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____

I authorize my direct deposit to be routed to Priority Credit Union

PCU ABA Number **263181423** Account Number _____

Savings Checking

Authorized Signature(s) _____ Date _____

AUTOMATIC PAYMENT CHANGE FORM

Give this to Company/Payee



Please route this automatic payment per my instructions

Company to receive payment _____ Account Number _____

Company's Address _____

City _____ State _____ Zip _____

Payment Amount _____ Monthly Weekly

I authorize my automatic payment to be debited from my Priority Credit Union account

PCU ABA Number **263181423** Account Number _____ Savings Checking

Effective Date _____ PCU phone number 407-425-2561

Authorized Signature(s) _____ Date _____

ACCOUNT CLOSURE FORM

Give to previous financial institution



Please close this account per my instructions

Previous Financial Institution _____ Account Number to be closed _____

Name(s) on Account _____

Address _____

City _____ State _____ Zip _____

I authorize the closure of my account effective as of this date _____

Please transfer any remaining balance to **Priority Credit Union**

301 East Michigan Street
Orlando, Florida 32806

PCU ABA Number **263181423** Account Number _____ Savings Checking

Authorized Signature(s) _____ Date _____

Be sure to leave adequate funds in your previous account long enough for outstanding checks/debits and automatic withdrawals to clear