



FEDERAL CREDIT UNION

Direct Deposit Information Change Form

Authorization To: Start Change Cancel

I authorize you and Fort Lee Federal Credit Union to initiate direct deposit entries to my account indicated below. This authority will remain in effect until I have cancelled it in writing.

Checking Account #: _____

Savings Account #: _____

Net Pay Amount: \$ _____ Allotment Amount: \$ _____

Financial Institution

Fort Lee Federal Credit Union
4495 Crossings Boulevard
Prince George, VA 23875

Routing #: **251480576**

Account Holder Information (Please Print)

First Name: _____

Last Name: _____

Social Sec. #: _____

Signature: _____

Date: _____

Employer Information

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Financial Institution Certification (To be completed by financial institution personnel only)

I confirm the identity of the above named payee and the account number and title. As a representative of the above named financial institution, I certify the financial institution agrees to receive and deposit the payment identified above.

Member Service Representative (Print Name): _____

Signature: _____ Date: _____