

I'm Making the Switch to OMEGA Federal Credit Union.

Direct Deposit Change Request

Name:			
Address:			
City:	State:	Zip:	
Phone:	Email:		
Employer:			
Please chang		IEGA Federal Credit BOX 15038 sburgh, Pa 15237	Union
My OMEGA Federal Cred	lit Union Account Number i	is:	
OMEGA FCU's Routing N	umber is: 243083347 Acco	ount type:	
		(Sa	vings, Checking, etc.)
Please discontinue my Di	rect Deposit to:		
	ution:		
	State:		
Account Number:		Routing Number:_	
I understand that I need to give a deposit into my previous financial deposited into my OMEGA Feder	least 2 weeks notice before the institution to be dated: al Credit Union account listed at	e next scheduled transac All to bove.	ction. Therefore, I expect the last ransactions after this date are to be
I hereby authorize OMEGA Feder will also serve as authorization.	al Credit Union to accept my dir	rect deposit. It is underst	ood that a photocopy of this form
Name:	Signature:		Date:

Please maintain a balance in your old account to cover any outstanding scheduled withdrawals. OMEGA FCU is not responsible for charges incurred for insufficient funds. Check with your payroll/deposit source to determine if this form is enough to change institutions. Please mail this form to all depositing institutions and keep a copy for your records.

