



Direct Deposit Change Notice

Member Information

First Name: _____ Last Name: _____ MI: _____

Member Address: _____

City: _____ State: _____ Zip: _____

Employer Information

Employer/ Agency: _____

Employer Phone Number :(____) _____ - _____ Employer Address: _____

City: _____ State: _____ Zip: _____

Direct Deposit Information

Please discontinue direct deposits to:

Former Financial Institution Name: _____

Routing Number: _____ Account Number: _____ As of: ____/____/____

Direct deposits should now be deposited to:

*Gateway Metro Federal Credit Union
1001 Pine Street, St. Louis, MO 63101*

Routing Number: 281082339

Member/Account Number: _____ Checking: Savings: As of: ____/____/____

I, _____ (print name), hereby authorize this change in direct deposit.

Signature: _____ Date: ____/____/____