

# 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