



Direct Deposit / Payroll Change Request

Date: _____

To: _____
Employer Name and Organization

Street Address City State Zip

From: _____
Account Holder Name Phone Number

Additional Account Holder Name(s)

Street Address City State Zip

RE: Change of Direct Deposit routing

Please change my automatic direct deposit to the following account:

Financial Institution: Lincoln County Credit Union

Routing Number: 292177725

Account Number: _____

Account Type: Checking Savings

I hereby authorize the organization above to initiate deposit of my funds to my LCCU account. This authorization will remain effective until I provide written notice of change or cancellation to the originating organization.

Signature

Date

www.lincolncountycu.com

Main Office, Libby 406-293-7771

Branch Offices

Rosauers Supermarket, Libby 406-293-4275

Steins Market, Troy 406-295-5569

Steins Market, Eureka 406-297-7940