



### Direct Deposit Change Request

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Employer: \_\_\_\_\_

Please change my Direct Deposit to:  
**Hotel and Travel Industry Federal Credit Union**  
**1600 Kapiolani Blvd. Suite 110**  
**Honolulu, HI 96814**

**My HTIFCU Member number is:** \_\_\_\_\_  
**Account Type:** \_\_\_\_\_  
**Hotel and Travel Industry Federal Credit Union Routing Number: 321378741**

**Please discontinue my Direct Deposit at:**  
Financial Institution: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address of Financial Institution: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

**I understand I need to give you at least two weeks' notice prior to the next scheduled transaction. Therefore, I expect the last deposit into my previous financial institution to be dated: \_\_\_\_\_. All transactions after this date should be deposited into my Hotel and Travel Industry Federal Credit Union account listed above.**

I hereby authorize Hotel and Travel Industry Federal Credit Union to change my Direct Deposit. It is understood that a photocopy of this form will also serve as authorization.

**Name (Print):** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please maintain a balance in your old account to cover all outstanding deposits and withdrawals. HTIFCU is not responsible for charges occurred for insufficient funds. Please return this form to HTIFCU and work with your HTIFCU Member Service Representative to determine when to send. This Credit Union is federally insured by the National Credit Union Administration