



DIRECT DEPOSIT CHANGE/REQUEST

Start a direct deposit Change a direct deposit

Previous Financial Institution (If Applicable)

Chequing Account Number to be Discontinued (If Applicable)

Account Holders Name

Phone Number

Address

City

Province

Postal Code

I authorize my payroll to be credited by direct deposit to my Credit Union account number:

Branch Number / Transit	Institution Number	Account Number												
8 3 4 9 3	8 3 9													

Credit Union Name: Sydney Credit Union

Mailing Address: 95 Townsend Street Sydney NS B1P 5C9

Locations: Sydney, Sydney River, Whitney Pier, North Sydney

Effective Date: _____

I hereby authorize the below-noted to deposit payments to my above-noted Credit Union account until further notice.

Account Holder's Signature

Date

Employer

Address