

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 Martin Federal Credit Union

MFCU ABA Number **263189218** 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 Martin Federal Credit Union account

MFCU ABA Number **263189218** Account number _____ Savings Checking

Effective Date _____ MFCU phone number 407-857-6328 or toll free 866-294-6700

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 Martin Federal Credit Union 407-857-6328 or
1727 Orlando Central Parkway 866-294-6700 Toll Free
Orlando, FL 32809

MFCU ABA Number **263189218** 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.