



# Switching Payroll Direct Deposits

This form is to be turned into your Payroll Department. It provides your Payroll Department with the necessary information for switching your Direct Deposit to Eagle Community Credit Union. **HOWEVER, YOU SHOULD CHECK WITH YOUR PAYROLL DEPARTMENT FOR ADDITIONAL INSTRUCTIONS OR FORMS THEY REQUIRE.**

**POSTAL EMPLOYEES:** Please call **PostalEASE: (877) 477-3273** to setup Direct Deposit.  
**FEDERAL EMPLOYEES:** Please visit **<https://www.employeexpress.gov/>** to setup Direct Deposit.  
**SOCIAL SECURITY RECIPIENTS:** Please call **(800) 772-1213** to setup Direct Deposit.

**Name of Employer:** \_\_\_\_\_

**Employer's Address:** \_\_\_\_\_ (Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

**Contact Name:** \_\_\_\_\_ **Contact's Phone Number:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Member Name:** \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)

**Employee Number:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**PLEASE STOP my Direct Deposit to:**

**Previous Financial Institution Name:** \_\_\_\_\_

**Previous Financial Institution Account Number:** \_\_\_\_\_

**REDIRECT MY DIRECT DEPOSIT TO:**

Eagle Community Credit Union  
Attn: Accounting/Payroll Processing  
P.O. Box 5196 Lake Forest, CA 92609-8696  
**(949) 588-9400 or (800) EAGLE CU**

**Routing Number**

3 2 2 2 8 1 9 9 2

**Eagle CU Member Number:** \_\_\_\_\_ **Share ID:** \_\_\_\_\_

**Please check one account for your Direct Deposit**

- Checking - (Attach a voided check.)
- Savings – Access Savings
- Savings - Premium Advantage Money Market Account (Attach a voided check.)

**I Authorize This Change In Direct Deposit Effective:** \_\_\_\_\_ (Date)

**SIGNATURE:** \_\_\_\_\_

**NOTE:** If you want your deposit allocated among different Credit Union accounts, you will need to call the Credit Union with instructions.



# Switching Automatic Withdrawals/Charges

Complete, copy and mail this form to each company that makes automatic withdrawals/charges to your checking or savings account each month. Make copies as needed for additional notifications.  
Sample of companies to notify:  
Mortgage Company | Homeowner's Insurance | Auto Insurance | Life Insurance | Utility Companies

**Date:** \_\_\_\_\_

**To Whom It May Concern:**

**Account Number:** \_\_\_\_\_

**Name of Company that makes Automatic Withdrawal/Charges:** \_\_\_\_\_

**Their Address:** \_\_\_\_\_  
(Address) (City) (State) (Zip)

**Previous Financial Institution Name:** \_\_\_\_\_

**Previous Financial Institution Routing Number:** \_\_\_\_\_

**Previous Financial Institution Checking/Savings Account Number:** \_\_\_\_\_

You are currently withdrawing/charging my checking or savings for \_\_\_\_\_  
(What payment is for: phone, power, insurance, etc.)

**PLEASE CHANGE this Automatic Withdrawal/Charge for this Account and redirect it to:**

Eagle Community Credit Union  
**(949) 588-9400 or (800) EAGLE CU**

**Routing Number**

3 2 2 2 8 1 9 9 2

**Eagle CU Member Number:** \_\_\_\_\_

- Checking - (Attach a voided check.)
- Savings - Access Savings
- Savings - Premium Advantage Money Market Account (Attach a voided check.)

**I authorize this change in Automatic Withdrawal/Charge effective:** \_\_\_\_\_  
(Date)

**SIGNATURE:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
(Please Print)

**Home Address:** \_\_\_\_\_  
(Address) (City) (State) (Zip)



# Closing Your Previous Checking/Savings Account

**Name of Previous Financial Institution:** \_\_\_\_\_

**Their Address:** \_\_\_\_\_  
(Address) (City) (State) (Zip)

**Previous Financial Institution Account Number:** \_\_\_\_\_

**To Whom It May Concern:**

**PLEASE CLOSE this Account and forward all funds to:**

- Eagle Community Credit Union  
P.O. Box 5196  
Lake Forest, CA 92609-8696  
**(949) 588-9400 or (800) EAGLE CU**
- Home Address Noted Below

**Reference my Eagle CU Account Number:** \_\_\_\_\_ **Share ID:** \_\_\_\_\_

- Checking
- Savings – Access Savings
- Savings - Premium Advantage Money Market Account

**I authorize this change effective:** \_\_\_\_\_  
(Date)

**SIGNATURE:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
(Please Print)

**Home Address:** \_\_\_\_\_  
(Address) (City) (State) (Zip)

**PLEASE NOTE:** Before you send this form, it's a good idea to keep your old account open until you verify that your Direct Deposit and Automatic Withdrawals/Charges have been transferred to your new Eagle CU account.