

authorization to move

direct deposit

I have closed my checking account at:	
Name of Previous Financial Institution	
I would like my Direct Deposit to go to the following account effecti	ve (date)
Cornerstone Community Financial Credit Union	
Name of Credit Union	
Name on Account	
Account Number – Include the 14 digits (beginning with 8) located	To Complete This Form:
at the bottom of your CCF checks. Social Security Number	I Enter the name of the financial institution where you're closing your account.2 Enter the date you want your
Daytime Telephone Number Please establish Direct Deposit with my new account at: Cornerstone Community Financial Credit Union	new direct deposit to take effect. 3 Enter the name on the account, your Cornerstone Community Financial account number, your social security number, and your daytime phone number.
2955 University Drive Auburn Hills, MI 48326 Routing Number: 272477429	4 Sign and date the authorization form.
Signature	5 Give a copy of this form to each depositor (employer, Social Security Administration, etc.) with whom you have a Direct Deposit arrangement
Date	6 Return a copy to Cornerstone Community Financial, and keep a copy for your records.