TFED SWITCH KIT DIRECT DEPOSIT CHANGE REQUEST FORM

Complete this form and send to any company or companies that make Direct Deposits into your account. Print as many copies as needed.

Mailing Information:

Name of Employer/Company	
Address	
City, State, Zip Code	

To whom it may concern,

Please discontinue my current deposit to:

Financial Institution	Routing Number	Account Number

Please begin/start depositing to the account listed below:

Financial Institution:	TFed Credit Union 14 Church Green, Taunton, MA 02780	Routing Number: 211386115		
Account Number:				
Savings Deposit Amount: \$ (Flat Amount) or 🗆 All Remaining Funds		Effective Date:		
Checking Deposit Am	nount: \$ (Flat Amount) or 🗆 All F	Remaining Funds	Effective Date:	

I hereby authorize my Direct Deposit to be sent to my TFed Credit Union checking and/or savings account and credit the same to such account. I acknowledge that the origination of the ACH transactions to my account must comply with the provisions of US Law. This authority will remain in effect until Employer/Company has received written notification from me of its termination.

Name:				
Address				
City:	State:	Zip:		
Signature:		Date:		



Connecting All Departments: (508) 824-6466 | www.tfed.com

Membership is established by opening a \$5 share/savings account and is available to anyone who lives, works, worships or attends school in Bristol, Barnstable and Plymouth Counties in Massachusetts; Bristol, Kent, Newport and Providence counties in Rhode Island; and the Rhode Island towns of Charlestown, Exeter, Hopkinton, Narragansett, New Shoreham, North Kingstown, Richmond and South Kingstown. Federally Insured By The National Credit Union Administration. (a) Equal Housing Lender. EOE.