



STEP TWO - Switch Kit - Authorization to Change Direct Deposit

Instructions: Complete this authorization to change direct deposits to Georgia Coastal FCU and provide your payroll office or any other payor who makes automatic deposits to your account.

Date

Employer/Depositor's Name

Telephone Number / Fax Number

Address

City/State/Zip

To Whom It May Concern:

You are currently making direct deposits on my behalf to this account:

Old Bank: _____

Routing Number: _____

Account Number: _____

Please discontinue direct deposits here and immediately start direct deposits to my account at:

Georgia Coastal FCU

2524 Stadium Street

Brunswick, GA 31520

Routing Number: 261271403

Account Number: _____ Savings / Checking (circle one)

If you have any questions about this request, please contact me during the day / evening (circle one) at
(_____) _____ (telephone number).

Sincerely,

Signature

Name

Address

City/State/Zip

Employee ID Number

www.gacfcu.org