

DIRECT DEPOSIT REQUEST



Start Date:

Type (check one):

New

Change



Member Information

Name:

Address:

City:

State:

Zip:

Account Number:

Type:
(check one)

Checking

Savings

Amount: \$ _____

Account Number:

Type:
(check one)

Checking

Savings

Amount: \$ _____



Financial Institution Information

Name: DATCU

Address: PO BOX 827

City: DENTON

State: TX

Zip: 76202

Transit Routing # (ABA): 311980725

Attach Voided Check Here



This authorization is to remain in effect until written notification is provided.

Signature:

Date: