PLEASE CHANGE MY DIRECT DEPOSIT

Name of Company Making Deposit:	
I authorize the depositor listed above to electronically a information listed below. If funds are deposited to my a initiate a correcting (withdrawal) entry. This authorize notified in writing.	account in error, I authorize the depositor to
Summit Credit Union Member Name:	
Summit Credit Union Joint Member Name:	
Type of deposit	mount \$
Summit Credit Union Routing Transit Number:	275979034
Deposit funds to:	
Savings Account Number	
Checking Account Number	
Signature (Account Holder)	Date
Name (Print)	Daytime Phone
*Not all depositors allow a partial or split deposit. Please contac	ct your depositor for verification
Summit Credit Union Contact:	
Contact Name:	
Phone Number: 608-243-5000/800-236-5560, Ext	

