## Print & complete the following form and provide it to your employer/depositing institution.

Date:	
To:	
(Your Depositor's/Employer's Name & Mailing Address)	
Subject: DIRECT DEPOSIT ADD/CHANGE	
RE:(Your Full Name and/or ID Number on File with Employer.	/Depositing Institution)
To Whom It May Concern:	Depositing institution)
This letter is to notify you that I would like the financial ins or \$00 (indicate a percentage or dollar amount - EXCEL Federal Credit Union 5070 Peachtree Industrial Boulevard	
Norcross, GA 30071	
<u>(770)</u> 441-9235 <u>261071548</u>	
(New Financial Institution) (Routing & Transit Number)	(Your EXCEL Account Number)
Please contact me if this is not sufficient information to con	nplete this change.
	(Your Email Address)
(Your Name & Home Address)	(Best Telephone Number)
Sincerely,	
(Your Signature on File with Depositing Institution)	



Form provided by EXCEL Federal Credit Union



Federally Insured by NCUA