



Date _____

To Whom It May Concern:

The City Credit Union Member listed below has requested their information be released to establish direct deposit at our institution.

Member Name	
Savings or Checking Account Number	
Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
City Credit Union Routing Number	311079050

If completed by a CCU employee:

City CU Employee Name _____

Title _____