

Switch Direct Deposit Your employer may require another form.

| Date: | | |
|---|--|------------------------|
| Employer/Depositor's Name: | | |
| Address: | | |
| City: | State: | Zip: |
| To Whom It May Concern: | | |
| You are currently depositing | | |
| ☐ MY ENTIRE CHECK | ☐ PART OF MY C | HECK |
| □ or my (type of payment) | to | the following account: |
| Former Financial Institution: | | |
| Routing Number: | Account Number: _ | |
| Please switch my direct deposit of: | | |
| ☐ the full net amount or | | to the below account: |
| Michigan Schools and Government Cr | edit Union | |
| Routing Number: 272480173 | | |
| ☐ Saving ☐ Checking | Account Number: _ | |
| If you have questions about this request or | require anything further, | please contact me at |
| (Your pro | Your prompt attention to this request is appreciated. Thank you. | |
| | | |
| Sincerely, | | |
| Signature: | | |
| Name (please print): | Da | te: |
| Address: | | |
| City: | State: | Zip: |

This form is available for download at www.msgcu.org/switch-to-msgcu.