



Direct Deposit Change Form

Give to your Human Resources/Payroll Department

**Please attach a voided check
and complete the following:**

Please reroute my direct deposit per my instructions.

Previous Financial Institution _____

Checking Account Number to be discontinued

Employee's Name _____ Daytime Phone --

Social Security Number _____ Employee Number _____

Address _____

City _____ State _____ Zip _____

I authorize my direct deposit to be routed to Ashland Inc Employees Credit Union (800) 245-8112

AIECU Routing Number: 242175557

Account Number

Savings (Use member number)

Checking (Use account number on your check)

Authorized Signature(s) _____ Date _____