

CLOSE ACCOUNT

(Date)

To: _____

(Financial Institution Name & Mailing Address)

Subject: **ACCOUNT CLOSURE NOTIFICATION**

RE: _____
(Primary Account Holder Name)

(If applicable, Co-Account Holder Name)

To Whom It May Concern:

Please close the following account(s) with your institution:

(Account Number)

☐ Checking ☐ Savings ☐ Money Market ☐ Other

(Account Number)

☐ Checking ☐ Savings ☐ Money Market ☐ Other

(Account Number)

☐ Checking ☐ Savings ☐ Money Market ☐ Other

(Account Number)

☐ Checking ☐ Savings ☐ Money Market ☐ Other

Please send any funds remaining in this account as well as any additional documents required to close my account(s) to the following address:

(Account Holder name & mailing address)

Sincerely,

(Account Holder signature)

(If applicable Co-Account Holder signature)

CHANGE AUTOMATIC WITHDRAWAL

(Date)

To: _____

(Payee's Name & Mailing Address)

Subject: **AUTOMATIC PAYMENT CHANGE NOTIFICATION**

RE: _____
(Primary Account Holder Name)

(If applicable, Co-Account Holder Name)

To Whom It May Concern:

I am writing to inform you of a change in the financial institution from which automatic withdrawals are being made to pay on the account listed above.

(Current Financial Institution)

(Routing & Transit Number)

(Account Number)

to

Century Federal Credit Union
1240 E. Ninth Street
Cleveland, Ohio 44199
216-535-3200

241075056

(New Financial Institution)

(Routing & Transit Number)

(Account Number)

I understand I must provide at least two weeks notice for this change to take effect. Therefore, my current account will remain available for any automatic payment that is scheduled to occur within two weeks of the date of this notice. All future automatic payments are to be withdrawn from my new account noted above at Century Federal Credit Union.

Please contact me at the following address if further information is required to complete this change.

(Account Holder, mailing address & telephone)

Sincerely,

(Signature of the person on account with payee)

CHANGE PAYROLL DIRECT DEPOSIT

(Date)

To: _____

(Depositor's Name & Mailing Address)

Subject: **DIRECT DEPOSIT CHANGE**

RE: _____
(Social Security Number or ID number with Depositor)

To Whom It May Concern:

This letter is to notify you that I wish to change the financial institution of my direct deposit from

(Old Financial Institution)

(Routing & Transit Number)

(Account Number)

to

Century Federal Credit Union

1240 E. Ninth Street

Cleveland, Ohio 44199

216-535-3200

(New Financial Institution)

241075056

(Routing & Transit Number)

(Account Number)

Please contact me at the following address if this is not sufficient information to complete this change.

(Your name, mailing address & telephone)

Sincerely,

(Signature of the person on account with depositor)

Direct Deposit Authorization

Century Federal Credit Union

Employee Number

Employee Name (Please print)

--	--	--	--	--	--

Net Payroll Deposit Account Information – This is the account where your net payroll check will be deposited. See below for establishment of a partial deposit account.

This request:

- ☐ Establishes a new net payroll deposit account.
- ☐ Changes an existing net payroll deposit account.
- ☐ Cancels an existing net payroll deposit account.

Account Type:

☐ Checking

☐ Savings

ABA Routing Number

Account Number

2	4	1	0	7	5	0	5	6
---	---	---	---	---	---	---	---	---

For checking accounts – Please attach a voided check here.

Partial Deposit Account Information – This is the account where partial amounts will be deposited. Please specify whole dollar amounts to be deducted from each payroll check. The remainder will be deposited in your net payroll deposit account (see above.)

This request:

- ☐ Establishes a new partial deposit account.
- ☐ Changes an existing partial deposit account.
- ☐ Changes an existing partial deposit amount.
- ☐ Cancels an existing partial deposit account.

Account Type:

☐ Checking

☐ Savings

ABA Routing Number

Account Number

2	4	1	0	7	5	0	5	6
---	---	---	---	---	---	---	---	---

Amount (whole dollar amounts only)

--	--	--	--	--	--

.00

For checking accounts – please attach a voided check here.

Terms & Conditions

Pre-notification process: I understand I will receive a live payroll check for the first payroll period following submission of this request. Direct deposit will commence with the second payroll period unless otherwise notified by the payroll department.

I understand that manual and replacement checks cannot be directly deposited.

I understand that it is my responsibility to notify the payroll department of any change in financial institution affiliation or account number and to submit a revised direct deposit authorization. Such a revision is subject to the pre-notification process described above.

I understand that this authorization permits my employer to initiate credit and, if necessary, debit entries and/or adjustments to the account(s) listed above.

- ☐ Please check here if you would like your payroll stub mailed to your home address.

Signature: _____

Date: _____