





# DIRECT DEPOSIT AUTHORIZATION

Company Name:	Date:
Company Address:	
City/State/Zip:	Phone:

RE: Change Of Direct Deposit Routing

**To Whom It May Concern:**

You are currently making direct deposits on my behalf to account # \_\_\_\_\_ and/or  
(CHECKING)

account # \_\_\_\_\_ with \_\_\_\_\_  
(SAVINGS) (NAME OF PREVIOUS FINANCIAL)

I hereby authorize you to discontinue direct deposits to the account(s) listed above and immediately begin sending my direct deposits to my account at:

**1st Community Credit Union**  
**PO Box 167**  
**1000 W. Wisconsin St**  
**Sparta, WI 54656**  
**ROUTING NUMBER: 275981909**

**Deposit Instructions:**

- Please deposit entire amount to account number \_\_\_\_\_ checking/savings (circle one)
- Please deposit \$ \_\_\_\_\_ to account number \_\_\_\_\_ checking/savings (circle one)
- AND deposit the remainder to account number \_\_\_\_\_ checking/savings (circle one)

**I authorize:**

- Above listed entity to initiate deposit of my funds to my 1st Community Credit union account(s)
- 1st Community Credit Union to credit entries to my account(s)
- This authorization to remain in effect until I send written notice of change or cancellation

\_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Date**

<b>Print</b> Name of Employee/Recipient of Direct Deposit:	Date:
Employee/Recipient Address:	
City/State/Zip:	Phone:



# AUTOMATIC WITHDRAWAL AUTHORIZATION

Company Name:		Date:
Company Address:	Your Account Number With This Company	
City/State/Zip:		Phone:

RE: Change In Automatic Withdrawal

## To Whom It May Concern:

You are currently withdrawing \$ \_\_\_\_\_ on a \_\_\_\_\_ basis for my  
(AMOUNT) (WEEKLY, BI-WEEKLY, MONTHLY)  
\_\_\_\_\_ payment from account # \_\_\_\_\_  
(WHAT IS THE PAYMENT FOR)  
at \_\_\_\_\_  
(NAME OF PREVIOUS FINANCIAL)

Effective \_\_\_\_\_ please stop making withdrawals from that account.

Please begin withdrawals from my CHECKING/SAVINGS account at:  
(CIRCLE ONE)

**1st Community Credit Union**  
**PO Box 167**  
**1000 W. Wisconsin St**  
**Sparta, WI 54656**

ACCOUNT NUMBER:

ROUTING NUMBER: 275981909

*Include a voided check or deposit ticket with this form when sending*

## I authorize:

- Above listed entity to initiate deposit of my funds to my 1st Community Credit union account(s)
- 1st Community Credit Union to credit entries to my account(s)
- This authorization to remain in effect until I send written notice of change or cancellation

Signature \_\_\_\_\_

Date \_\_\_\_\_

If you have any questions about this request please call me during the DAY/EVENING at the phone number below  
(CIRCLE ONE)

<b>Print</b> Name:	Date:
Address:	
City/State/Zip:	Phone:



# ACCOUNT CLOSING AUTHORIZATION

Note: Verify that all of your automatic payments and direct deposits have been switched to your new 1st CCU account prior to sending the Account Closing Authorization Form.

Company Name:		Date:
Company Address:	Your Account # With This Company	
City/State/Zip:		Phone:

RE: Account Closeout

### To Whom It May Concern:

- Account # \_\_\_\_\_      \_\_Checking \_\_Savings \_\_Money Market \_\_Other
- Account # \_\_\_\_\_      \_\_Checking \_\_Savings \_\_Money Market \_\_Other
- Account # \_\_\_\_\_      \_\_Checking \_\_Savings \_\_Money Market \_\_Other
- Account # \_\_\_\_\_      \_\_Checking \_\_Savings \_\_Money Market \_\_Other

ID Verification: \_\_\_\_\_ (Social Security Number or Account Password)

Please send a check for the remaining balance(s) to:

My new account at 1st Community Credit Union, PO Box 167, 1000 W. Wisconsin St, Sparta, WI 54656

ACCOUNT NUMBER:

ROUTING NUMBER: 275981909

CHECKING/SAVINGS (circle one)

Me, at the address shown below

If applicable, please cancel my debit/ATM card

Account Holder Signature 1

Date

Account Holder Signature 2

Date

I have also made arrangements to discontinue all direct deposits and automatic withdrawals from my account(s) with your financial institution. If you have any questions about this request please call me during the DAY/EVENING at the phone number below.

(CIRCLE ONE)

<b>Print</b> Name:	Date:
Address:	
City/State/Zip:	Phone: