

Automatic Payment Change Form

Give this to Company/Payee

Please route this automatic payment per my instructions

Company to receive payment _____ Account Number _____

Company Address _____

City _____ State _____ Zip _____

Payment Amount \$ _____

- Monthly
- Bi-Weekly
- Weekly

I authorize my automatic payment to be debited from my _____ account effective _____.

Please transfer any remaining balance to:

Polish & Slavic FCU
9 Law Drive
Fairfield, NJ 07004

Your Routing Number:

Account Number: _____

- Savings
- Checking

Authorized Signature(s) _____ Date _____

Direct Deposit Enrollment Form

Routing and Transit Number (RTN): _____

Complete and return this form to your employer for immediate processing.

Start
 Change _____

First Name: _____ Last Name: _____ MI: _____

Social Security Number: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email Address: _____

Funds will be deposited into the account below:

Account Type: _____

Account Name: _____

Account Number: _____

Type of deposit: Full Pay Allotment \$ _____

Employers Only: The additional digit at the end of the account number is required for processing (i.e. 1, 7, 9).

Employer Name: _____

Employer Address 1: _____

Employer Address 2: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

ACCOUNT CLOSURE FORM

Give to your previous financial institution

Please close the following account(s) per my instructions

Previous Financial Institution _____

Account Number to be closed _____ Account Type _____

Account Number to be closed _____ Account Type _____

Account Number to be closed _____ Account Type _____

Account Number to be closed _____ Account Type _____

Account Number to be closed _____ Account Type _____

Name(s) on Account(s) _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____

I authorize the closure of my account(s) effective as of this date _____

Please transfer any remaining balance to:

Polish & Slavic FCU
9 Law Drive
Fairfield, NJ 07004

Your Routing Number: _____

Account Number: _____

Savings

Checking

Authorized Signature(s) _____ Date _____

Be sure to leave sufficient funds in your old account long enough for outstanding checks and automatic withdrawals to clear. Once all outstanding transactions have posted, then you can close the old account completely.