



ACCOUNT CLOSING LETTER

TO: _____
(Bank, Credit Union, etc. **Name**)

FROM: _____ (Primary Account Holder) _____ (Secondary Account Holder)

ADDRESS: _____
(Street)

(City) (State) (Zip)

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

Account # _____	Checking	<input type="checkbox"/>	Savings	<input type="checkbox"/>	Money Market	<input type="checkbox"/>	Other	<input type="checkbox"/>
Account # _____	Checking	<input type="checkbox"/>	Savings	<input type="checkbox"/>	Money Market	<input type="checkbox"/>	Other	<input type="checkbox"/>
Account # _____	Checking	<input type="checkbox"/>	Savings	<input type="checkbox"/>	Money Market	<input type="checkbox"/>	Other	<input type="checkbox"/>

Please send any funds remaining in these accounts to:

the address shown above the following address: _____
(Street)

(City) (State) (Zip)

Primary account holder signature: _____

Secondary account holder signature: _____

Date: _____



DIRECT DEPOSIT CHANGE REQUEST

Date: _____

TO: _____

FROM: _____
(Name) (Social Security Number)

ADDRESS: _____
(Street) (City) (State) (Zip)

RE: Change of Direct Deposit Routing

Please discontinue sending my automatic direct deposit to account # _____
(checking)

and/or _____ with _____
(savings) (Financial Institution)

Please begin sending the same deposit to Memphis City Employees Credit Union. Memphis City Employees Credit Union's routing information is:

Memphis City Employees Credit Union
2808 Avery Avenue
Memphis, TN 38112
Transit/ABA# **284084208**

Deposit instructions:

- Deposit entire amount to checking account # _____
- Deposit \$ _____ to savings account # _____
and the remainder to checking account # _____
- Deposit \$ _____ amount to checking account # _____

I authorize above listed entity to initiate deposit of my funds to my Memphis City Employees Credit Union checking or savings Account; Memphis City Employees 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: _____



DIRECT DEPOSIT REQUEST

Date: _____

TO: _____

FROM: _____
(Name)

(Social Security Number)

ADDRESS: _____
(Street)

(City) (State) (Zip)

Please begin sending my direct deposit to Memphis City Employees Credit Union. Memphis City Employees Credit Union's routing information is:

Memphis City Employees Credit Union
2808 Avery Avenue
Memphis, TN 38112
Transit/ABA# **284084208**

Deposit instructions:

Deposit entire amount to checking account # _____

Deposit \$ _____ to savings account # _____

and the remainder to checking account # _____

I authorize above listed entity to initiate deposit of my funds to my Memphis City Employees Credit Union checking or savings Account; Memphis City Employees 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: _____



AUTOMATIC PAYMENT AUTHORIZATION

(Name)

(Street) (City) (State) (Zip)

(Phone Number)

Financial Institution: Memphis City Employees Credit Union Transit/ABA# **284084208**

Financial Institution Address: 2808 Avery Avenue, Memphis, TN 38112

Memphis City Employees Credit Union Account Number*: _____ Checking Account Savings Account

Vendor Account Number: _____

I (we) authorize _____ (vendor name) and City of Memphis Credit Union to initiate variable entries to my checking/savings. This authorization will remain in effect until I notify in writing to cancel it in such time as to afford a reasonable opportunity to act. Also I agree that I remain obligated to pay for these services in the event that a charge to my account is dishonored, for whatever reason, and that retains its normal collection rights.

Signature: _____ Date: _____

Second Signature: _____
(if joint account):

***Some vendors require that you include a voided check or deposit slip with this form when sending to vendor.**



AUTOMATIC PAYMENT TRANSFER LETTER

Date: _____

Dear _____
(Name of Vendor)

I am writing to inform you of a change in my banking relationship concerning my account number _____. I currently have my _____ (Name of Vendor) payment automatically withdrawn from my checking/savings account # _____ at _____ (Financial Institution) on the _____ of the month. (1st/15th)

I would like to transfer these monthly transactions to my new financial institution, Memphis City Employees Credit Union, and submit this letter as written notification of that intention.

I understand that I need to give you at least two weeks notice prior to the next scheduled transaction.

Therefore, I expect the last transaction from _____ (Financial Institution) to be the one dated _____ (Date of last transaction) and the first one from Memphis City Employees Credit Union to be dated _____ (Date of last transaction).

Thank you for your prompt attention to this request. I have enclosed an automatic payment authorization form that includes the information necessary for you to begin withdrawals from my Memphis City Employees Credit Union account.

Sincerely,

(Name)

(Street) (City) (State) (Zip)

(Phone Number)