

Automatic Withdrawal Authorization

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Use this form to authorize a change to any automatic payment, deductions, or withdrawals from your account. Use one form for each automatic withdrawal. Or, many companies and agencies make it easy to change your account on record online on their website.

Notification of Withdrawal Authorization Change

Name of Company:

Account Number:

Payment Amount:

Address:

City, State, Zip:

Phone Number:

Please cancel all automatic withdrawals from my old institution:

Financial Institution:

Account # Bank Routing #

Please make all future automatic withdrawals from my new institution:

Financial Institution:

Account # Bank Routing #

This authorization will remain in effect until I have submitted to you a new authorization, or until you have been notified by me in writing that this authorization has been changed or revoked.

Signature: Date:

Name:

Address:

City, State, Zip:

Phone Number:

Automatic Withdrawal Checklist:

Use this list to remember all your automatic payments you need to transfer. These are some of the most commonly used automatic payments.

- Home Mortgage
- Auto Loans
- Utilities
- Insurance
- Cable/Internet
- Gym/Club Memberships
- Credit Cards
- Investments
- Subscriptions
- Charity Donations

Account Closure Authorization

You can authorize your remaining balance to be deposited automatically to your new MembersAlliance CU account(s) or paid by a check forwarded to your mailing address.

Use this form to close your account(s) at your former financial institution. Be sure to verify any outstanding items have cleared your old account.

Notification of Account Closure Authorization

To Whom It May Concern:

Financial Institution:

Address:

City, State, Zip:

Please close my account:

Account Number: Primary Owner:

Address:

City, State, Zip:

Please send the remaining balance to:

Place an X next to your desired option.

Please deposit directly to my new account at MembersAlliance CU.
Account # Routing #

Please forward me a check to my address listed below.

Primary Signature: Date:

Joint Signature:

Name:

Address:

City, State, Zip:

Phone Number:

Congratulations!

You had to sign your name a few times...but submitting these forms completes your switch to a truly better banking experience. We can't wait to show you the difference a local partner makes.

Welcome to MembersAlliance CU!

