



## Direct Deposit

### Change Direct Deposit Form

My Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State \_\_\_\_\_ Zip \_\_\_\_\_  
 Social Security # \_\_\_\_\_  
 Telephone # \_\_\_\_\_  
 Employer \_\_\_\_\_  
 E-mail \_\_\_\_\_

#### Please change my payroll Direct Deposit:

**To:** Alpena Alcona Area Credit Union  
 P.O. Box 515  
 Alpena, MI 49707  
 Telephone: 989-356-3577

AAACU Account # \_\_\_\_\_

(If you are a member, insert your account number here. If you are not a member yet, call us and we will assign an account number to you.)

AAACU Routing # **272476433**

#### From:

Previous Financial Institution Name \_\_\_\_\_

Previous Financial Institution Routing # \_\_\_\_\_

Previous Financial Institution Account # \_\_\_\_\_

Amount of Payment \$ \_\_\_\_\_

I authorize this change in my Direct Deposit

Effective (date) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please send this to your present employer with a voided check.**



## Automatic Payment

### Change Automatic Payment Form

My Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State \_\_\_\_\_ Zip \_\_\_\_\_  
 Social Security # \_\_\_\_\_  
 Telephone # \_\_\_\_\_  
 Employer \_\_\_\_\_  
 E-mail \_\_\_\_\_

#### Please change my Automatic Payment:

\_\_\_\_\_ Company that Receives Payment

\_\_\_\_\_ Automatic Payment Account

**To:** Alpena Alcona Area Credit Union  
 P.O. Box 515  
 Alpena, MI 49707  
 Telephone: 989-356-3577

AAACU Account # \_\_\_\_\_

(If you are a member, insert your account number here. If you are not a member yet, call us and we will assign an account number to you.)

AAACU Routing # **272476433**

#### From:

Previous Financial Institution Name \_\_\_\_\_

Previous Financial Institution Routing # \_\_\_\_\_

Previous Financial Institution Account # \_\_\_\_\_

Amount of Payment \$ \_\_\_\_\_

I authorize this change in my Automatic Payment

Effective (date) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please send this to the company that originates your Automatic Payment.**



## Checking

### Close Checking Account Form

My Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State \_\_\_\_\_ Zip \_\_\_\_\_  
 Social Security # \_\_\_\_\_  
 Telephone # \_\_\_\_\_  
 Employer \_\_\_\_\_  
 E-mail \_\_\_\_\_

#### Please Close my Checking Account at:

Financial Institution \_\_\_\_\_

Checking Account # \_\_\_\_\_

I authorize the closure of my Checking Account effective (date) \_\_\_\_\_

#### Please check one:

- Mail the balance of my Checking Account to my home address above.
- Send the balance of my Checking Account to be deposited at AAACU, see address below.

AAACU Account # \_\_\_\_\_

(If you are a member, insert your account number here. If you are not a member yet, call us and we will assign an account number to you.)

**To:** Alpena Alcona Area Credit Union  
 P.O. Box 515  
 Alpena, MI 49707  
 Telephone: 989-356-3577

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please send this to the financial institution that has your current checking account. Make sure to wait a full month of no activity and confirm that all checks and other authorized transactions have posted before sending this form.**