

1**CHECKING ACCOUNT
CLOSURE NOTIFICATION****MY NEW CHECKING**

Date _____ Social Security Number _____ Name(s) _____

Previous Financial Institution _____

Address _____ City _____ State _____ Zip _____

Previous Account # _____

New Financial Institution Electrus Federal Credit Union Member # _____Address 7100 Brooklyn Blvd., Brooklyn Center, MN 55429Attention Member Services Telephone 763-569-4000

I hereby authorize the closure of my account effective _____. I have no unpaid checks and I have switched my automatic payments and/or direct deposits on the account I am closing.

Signature _____ Joint Signature _____

2**DIRECT DEPOSIT
CHANGE NOTIFICATION****MY NEW CHECKING**

Date _____ Social Security Number _____ Name _____

Name of Employer _____

Employer's Address _____ City _____ State _____ Zip _____

Previous Financial Institution _____

Address _____ City _____ State _____ Zip _____

Previous Account # _____

New Financial Institution Electrus Federal Credit Union Member # _____Address 7100 Brooklyn Blvd., Brooklyn Center, MN 55429Routing # for New Credit Union 291074638 Telephone 763-569-4000

I hereby authorize this change in direct deposit effective _____

Signature _____ Joint Signature _____

PLEASE COPY IF YOU HAVE MORE THAN ONE DIRECT DEPOSIT.

3**AUTOMATIC PAYMENT
CHANGE NOTIFICATION****MY NEW CHECKING**

Date _____ Social Security Number _____ Name _____

Company to Receive Payment _____

Company Address _____

Previous Financial Institution _____

Previous Account # _____ Amount of Payment \$ _____

New Financial Institution Electrus Federal Credit Union Member # _____Address 7100 Brooklyn Blvd., Brooklyn Center, MN 55429Routing # for New Credit Union 291074638 Telephone 763-569-4000

I hereby authorize this change in automatic payment effective _____

Signature _____ Joint Signature _____

PLEASE COPY IF YOU HAVE MORE THAN ONE AUTOMATIC PAYMENT.