

**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.