

Please complete form, print it, and give to the company that will receive payment from your R.I.A. Federal Credit Union account.

# Automatic Payment Change Form

Give this to Company/Payee

## Please route this automatic payment per my instructions

Company to receive payment \_\_\_\_\_

Account Number \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

- Monthly
- Bi-Weekly
- Weekly

**I authorize my automatic payment to be debited from my \_\_\_\_\_  
account effective \_\_\_\_\_.**

Please transfer any remaining balance to:

Your Routing Number:

Account Number: \_\_\_\_\_

- Savings
- Checking

Authorized Signature(s) \_\_\_\_\_ Date \_\_\_\_\_



Please complete form, print it, and give to the financial institution where you are closing you existing account(s).

# ACCOUNT CLOSURE FORM

Give to your previous financial institution

**Please close the following account(s) per my instructions**

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

Account Number to be closed \_\_\_\_\_ Account Type \_\_\_\_\_

Account Number to be closed \_\_\_\_\_ Account Type \_\_\_\_\_

Account Number to be closed \_\_\_\_\_ Account Type \_\_\_\_\_

Account Number to be closed \_\_\_\_\_ Account Type \_\_\_\_\_

Account Number to be closed \_\_\_\_\_ Account Type \_\_\_\_\_

Name(s) on Account(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

I authorize the closure of my account(s) effective as of this date \_\_\_\_\_

Please transfer any remaining balance to:

Your Routing Number:

Account Number: \_\_\_\_\_

- CD                       IRA                       Savings
- Checking                 IRA Certificate
- HSA                       Money Market

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**Be sure to leave sufficient funds in your old account long enough for outstanding checks and automatic withdrawals to clear. Once all outstanding transactions have posted, then you can close the old account completely.**



# Direct Deposit Enrollment Form

Routing and Transit Number (RTN): \_\_\_\_\_

Complete and return this form to your employer for immediate processing.

Start  
 Change \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Funds will be deposited into the account below:

Account Type: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of deposit:  Full Pay  Allotment \$ \_\_\_\_\_

*Employers Only: The additional digit at the end of the account number is required for processing (i.e. 1, 7, 9).*

Employer Name: \_\_\_\_\_

Employer Address 1: \_\_\_\_\_

Employer Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

