

Account Closure Notification
Give to your previous financial institution

To: Financial Institution of closed account _____ Today's Date _____
Address _____
City _____ State _____ Zip _____

To Whom It May Concern-We request the closure of the following account(s):

Checking Account Number: _____

Savings Account Number: _____

Name(s) on Account _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____

Send remaining balance(s) in the form of a check to:

Community Choice CU
Attn: Member Services
6921 E. 72nd Ave
Commerce City, CO 80022

Your Credit Union Routing Number: 307074276
Account Number:
[] Savings [] Checking

Authorized Signature(s) _____ Date _____

Authorized Signature(s) _____ Date _____

PRINT, COMPLETE and FAX or MAIL this form to your previous financial institution to notify them that you are closing your account.

Automatic Withdrawal Request Change Form

Give this to Company/Payee



Individual or Company to receive payment _____ Account Number _____

Address _____

City _____ State _____ Zip _____

Payment Amount \$ _____

- ◆ Monthly
- ◆ Bi-Weekly
- ◆ Weekly

To Whom It May Concern Concerning your current withdrawal

Please update the origin of payment to this new account:

Name/s _____

Address _____

City, State, Zip _____

Phone # _____

Financial Institution: Community Choice Credit Union

Routing Number: 307074276

Account Number _____

Frequency/Date _____

Signature/s _____ Signature/s _____

Date _____

PRINT, COMPLETE and FAX OR MAIL this form to entities who automatically withdraw funds from accounts you are closing.



Payroll Deduction / Direct Deposit Enrollment Form

Routing and Transit Number (RTN): 307074276

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

<input type="checkbox"/>	Start				
<input type="checkbox"/>	Change _____				
First Name:	_____	Last Name:	_____	MI:	__
Social Security Number:	_____				
Address 1:	_____				
Address 2:	_____				
City:	_____	State:	_____	Zip Code:	_____
Telephone:	_____	Email Address:	_____		
Please list account number without dashes or other characters in ONE of the account type fields below. Your account number, up to eight digits, can be found on your account statement.					
My account number is _____					
<input type="checkbox"/> Savings <input type="checkbox"/> Checking					
Type of deposit:	<input type="checkbox"/> Full Pay	<input type="checkbox"/> Allotment \$	_____		
Payroll Period	<input type="checkbox"/> Weekly	<input type="checkbox"/> Biweekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Bimonthly	
<i>I hereby authorize my Employer to deduct from my salary the amount set forth below and deposit these funds at Community Choice Credit Union for each payroll period following receipt of this authorization until further notice from me. If this is a change in a previous authorization, I instruct my employer to cancel my previous authorization and to follow this authorization. If I fail to cancel this authorization upon filing for bankruptcy, my Employer and the Credit Union are directed to make and apply deductions in accordance with this authorization.</i>					
Signature:					Date: