



REQUEST TO CLOSE AN ACCOUNT

Date: _____

To Whom It May Concern:

I/we hereby request the following bank account that I/we maintain with your financial institution to be closed.

Financial Institution: _____

Address _____ City _____ State ____ Zip _____

Routing Number: _____

Account Number: _____

Please forward the proceeds of the above named account to:

Allentown Federal Credit Union
1325 Oxford Drive
Allentown, PA. 18103

Wire information:

Mid Atlantic Credit Union
#231387550
Receiving institution:
Allentown Federal Credit Union
#231379005
Account # to be credit:

If you have any questions regarding this request, please contact me at:

Day Number: _____ Evening Number _____

Sincerely,

Signature

Joint Owner Signature

Name (print)

Joint Owner Name (print)

Address

City/State/Zip Code



CHANGE OF PRE-AUTHORIZED AUTOMATIC WITHDRAWAL

Date _____

To Whom It May Concern:

Due to a recent change in my/our banking relationship, I/we authorize the change of pre-authorized automatic payment(s) from my old check/savings account to the new checking account held at Allentown Federal Credit Union. Below, please find the necessary information to fulfill this request.

This is in reference to the account that I/we hold with your company:

Company Name _____

Address _____ City _____ State _____ Zip _____

Previous Financial Institution: _____

Routing Number: _____

Account Number: _____

Please use the following financial information for the pre-authorized payments:

Financial Institution: Allentown Federal Credit Union

Routing Number: _____ 231379005

Account Number: _____

If you have any questions regarding this request, please contact me at:

Day Number: _____ Evening Number: _____

Sincerely,

Signature

Name (print)

Address

City/State/Zip Code

* You are responsible for the accuracy of the information you provide. Allentown Federal Credit Union has no control over the time it will take your contact to process your request, so you should plan interim payments accordingly.



CHANGE OF DIRECT DEPOSIT AUTHORIZATION

Date _____

Employer's Name _____

Address _____ City _____ State ____ Zip _____

To Whom It May Concern:

You are currently depositing my entire paycheck/a portion of my paycheck to the following account:

Previous Financial Institution: _____

Routing Number: _____

Account Number: _____

Please stop making deposits to the previously mentioned account and instead make them to:

Financial Institution: **Allentown Federal Credit Union**

Routing Number: _____ **231379005**

Account Number: _____ Savings Draft

If you have any questions regarding this request, please contact me by calling:

Day Number _____ Evening Number _____

Sincerely,

Signature

Name (print)

Address

City/State/Zip Code