

AUTHORIZATION TO CLOSE ACCOUNT

Complete this authorization to close accounts at other financial institutions and have funds transferred to your Community Powered Federal Credit Union account. Print one authorization for each financial institution where you have accounts. Remember to destroy and recycle old checks and destroy your old ATM and debit cards.

Date Bank/Other Financial Institution Name

Address

City State Zip

To Whom It May Concern:

Please close the following accounts with your institution:

Account Number Account Holder

Account Number Account Holder

Account Number Account Holder

Please send any funds remaining in these accounts to:

The following address:

Street

City

State Zip

To my account at:

Community Powered Federal Credit Union

P.O. Box 7739

Newark, DE 19714-7739

231177016

Routing & Transit Number

Account Number

Account Type

If you have any questions about this request, please contact me during the day evening at (_____) _____
Phone Number

Thank You.

Sincerely,

Account Holder 1 Signature

Date

Account Holder 2 Signature

Date

Please complete this form, print, sign, and return to the appropriate institution.



YOUR COMMUNITY CREDIT UNION
The Banking Alternative in New Castle County

AUTHORIZATION TO CHANGE AUTOMATIC WITHDRAWAL

Complete this authorization to have automatic withdrawals made from your Community Powered Federal Credit Union account. Print one authorization for each company that makes automatic withdrawals from your account. Remember to change any automatic payments made by debit card as well.

Date Name of Company that Makes Automatic Withdrawal

Address

City State Zip

To Whom It May Concern:

You are currently withdrawing \$ _____ (amount) on a _____ (when) basis for my _____ (what payment is for) from the following account:

Old Bank Routing Number

Account Number Card Number

Please discontinue withdrawals from this account and (check one):

- | | | |
|--|--|--|
| <input type="checkbox"/> Begin withdrawals from my account at:
Community Powered
Federal Credit Union
P.O. Box 7739
Newark, DE 19714-7739
231177016

Routing & Transit Number

Account Number
Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Checking | <input type="checkbox"/> Begin withdrawals from my Community Powered Federal Credit Union card:

Card Number

Expiration

CVV | <input type="checkbox"/> I will use Community Powered Federal Credit Union's Bill Pay service to make future payments. |
|--|--|--|

If you have any questions about this request, please contact me during the day evening at (_____) _____
Phone Number

Thank You.

Sincerely,

Signature Name

Address City State Zip

Please complete this form, print, sign, and return to the appropriate institution.



YOUR COMMUNITY CREDIT UNION
The Banking Alternative in New Castle County

AUTHORIZATION FOR AUTOMATIC PAYMENT

Complete this authorization to have automatic payments made from your Community Powered Federal Credit Union account. Print one authorization for each company that you make automatic payments from your account.

Date Name of Company that You Make Automatic Payments To

Address

City State Zip

Financial Institution Name:

**Community Powered Federal Credit Union
P.O. Box 7739
Newark, DE 19714-7739**

231177016

Routing & Transit Number

Account Number

Account Type: Savings Checking

Vendor Name

Vendor Account Number \$ _____
Payment Amount

I (we) authorize _____ (Vendor Name) to initiate variable entries to my checking/savings.

This authorization will remain in effect until I notify _____ (Vendor Name) in writing to cancel it in such time as to afford _____ (Vendor Name) a reasonable opportunity to act.

I also agree that I remain obligated to pay for these services in the event that a charge to my account is dishonored, for whatever reason, and that _____ (Vendor Name) retains its normal collection rights.

If you have any questions about this request, please contact me during the day evening at (_____) _____
Phone Number

Thank You.

Sincerely,

Signature Name Date

Joint Account Signature Name Date

Please complete this form, print, sign, and return to the appropriate institution.



**COMMUNITY POWERED
FEDERAL CREDIT UNION**

YOUR COMMUNITY CREDIT UNION
The Banking Alternative in New Castle County

AUTHORIZATION TO CHANGE DIRECT DEPOSIT

Complete this authorization to change direct deposits to Community Powered Federal Credit Union and provide to your payroll office or any other payor who makes automatic deposits to your account.

Date Employer/Depositor's Name

Address

City State Zip

To Whom It May Concern:

You are currently making direct deposits on my behalf to this account:

Old Bank Routing Number

Account Number

Please discontinue direct deposits here and immediately start direct deposits to my account at:

**Community Powered
Federal Credit Union
P.O. Box 7739
Newark, DE 19714-7739
231177016**

Routing & Transit Number

Account Number

Account Type: Savings Checking

If you have any questions about this request, please contact me during the day evening at (_____) _____
Phone Number

Thank You.

Sincerely,

Signature Name

Address City State Zip

Please complete this form, print, sign, and return to the appropriate institution.



YOUR COMMUNITY CREDIT UNION
The Banking Alternative in New Castle County

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Complete this authorization to start direct deposits to Community Powered Federal Credit Union and provide to your payroll office or any other payor who makes automatic deposits to your account.

Date Name

Address

City State Zip

Employer/Depositor's Name

Address

City State Zip

Deposit Instructions (check one):

Deposit entire amount into:

Deposit \$ _____ into:

Checking Account Number

Savings Account Number

Share Type

Share Type

and the remainder into:

Checking Account Number

Community Powered Federal Credit Union
P.O. Box 7739
Newark, DE 19714-7739
Transit/ABA # 231177016

I hereby authorize the above listed entity to initiate deposit of my funds to my Community Powered Federal Credit Union checking or savings account. Community Powered Federal Credit Union may also credit entries to my account(s). This authorization is to remain in effect until a written notice of change or cancellation is given.

If you have any questions about this request, please contact me during the day evening at (_____) _____
Phone Number

Thank You.

Sincerely,

Signature Name Date

Please complete this form, print, sign, and return to the appropriate institution.



BALANCE TRANSFER AUTHORIZATION

Lower your credit card costs when you transfer your other high-rate credit card balances to your Community Powered Federal Credit Union Visa® Card.

MEMBER INFORMATION

Primary Member

Credit Union Account Number

Member Address

Visa® Card Number

City State Zip

() Home Phone Number () Work Phone Number

Authorized Signature

TRANSFER INFORMATION

1

Name of Issuing Bank/Institution

Address

City State Zip

Account Number

\$

Exact Amount to Transfer

2

Name of Issuing Bank/Institution

Address

City State Zip

Account Number

\$

Exact Amount to Transfer

3

Name of Issuing Bank/Institution

Address

City State Zip

Account Number

\$

Exact Amount to Transfer

4

Name of Issuing Bank/Institution

Address

City State Zip

Account Number

\$

Exact Amount to Transfer

5

Name of Issuing Bank/Institution

Address

City State Zip

Account Number

\$

Exact Amount to Transfer

6

Name of Issuing Bank/Institution

Address

City State Zip

Account Number

\$

Exact Amount to Transfer

Please complete this form, print, sign, and return to the appropriate institution.



YOUR COMMUNITY CREDIT UNION
The Banking Alternative in New Castle County