

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

1758 Pulaski Hwy

Bear, DE 19701

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, sign, and return to the appropriate institution.



YOUR COMMUNITY CREDIT UNION

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):

- Begin withdrawals from my account at:
- Community Powered
Federal Credit Union
1758 Pulaski Hwy
Bear, DE 19701
231177016
Routing & Transit Number
Account Number
Account Type: Savings Checking**
- Begin withdrawals from my Community Powered Federal Credit Union card:
- _____
Card Number

Expiration

CVV
- 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, sign, and return to the appropriate institution.



YOUR COMMUNITY CREDIT UNION

1758 Pulaski Hwy • Bear, DE 19701 • (302) 368-2396 • (877) 368-2396 • cpwrfcu.org

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
1758 Pulaski Hwy
Bear, DE 19701**

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, sign, and return to the appropriate institution.



YOUR COMMUNITY CREDIT UNION

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
1758 Pulaski Hwy
Bear, DE 19701
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, 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

Member Address

City State Zip

Authorized Signature

Credit Union Account Number

Visa® Card Number

() Home Phone Number () Work Phone Number

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, sign, and return to the appropriate institution.



YOUR COMMUNITY CREDIT UNION