



Direct Deposit Authorization

Submit this form to your employer or any company or organization that you want to automatically deposit funds into your Freedom First Account. (Your employer or other organization may require a voided check.) You may make additional copies if necessary.

Please Print

Name

Daytime Phone Number

I hereby authorize Direct Deposit of my paycheck/recurring payment to my Freedom First Account. I understand my employer has the right to reverse erroneous entries.

This authorization is in effect until written notification from me of its termination in such a manner as to afford the originator a reasonable opportunity to act on it.

Signature

Date

Financial Institution Information

Freedom First Credit Union
5240 Valley Park Drive
Roanoke, VA 24019
Phone: (540) 389-0244 or (866) 389-0244
Fax: (540) 378-8952

Routing/Transit Number 251483023

Freedom First Account Number

Checking
Savings

If you have any questions, please contact us at the address or phone number indicated in this document.



Authorization to Change Electronic Payments

To: _____
(Company name)

From: _____

My account number with company: _____

My address: _____

My daytime telephone number: _____

I authorize you to change the account from which you debit my automatic payments.

Please discontinue making payments from:

Old financial institution name: _____

ABA/routing number: _____

Account number: _____

I hereby authorize any future automatic payments to be electronically debited from my new Freedom First Credit Union checking account:

New financial institution name: Freedom First Credit Union

ABA/routing number: 251483023

Account number: _____

Please send me written confirmation as to when the change will be effective.

Signature: _____ Date: _____

Submit one of these forms to each company you use for automatic payments. Be sure to ask them if any additional forms are required.

Request To Close Checking Account

To: _____
(Financial institution name)

From: _____

My account number with bank: _____

Secondary name on account (if any): _____

I hereby request that you close my checking account with your institution. Please forward a check for all funds remaining in the account to me at:

Name: _____

Address: _____

City/state/ZIP: _____

If you have any questions, please contact me at the following daytime telephone number:

Telephone number: _____

Thank you.

Signature: _____ Date: _____
(Primary or secondary accountholder; only one signature required)