



Welcome to the community.®

Automatic Payment Switch Form

Complete and submit this form to any company or organization that is automatically withdrawing payments from your existing checking account. Make additional copies, if necessary.

PLEASE PRINT

Previous Financial Institution Information:

Name of Financial Institution _____

Account No. _____

Street Address _____

City _____ State _____ Zip _____

Amount of Payment \$ _____

Member Information:

Name _____

Social Security No. _____

Daytime Phone No. _____

Street Address _____

City _____ State _____ Zip _____

Name of Employer _____

New Financial Institution Information:

St. Louis Community Credit Union
3651 Forest Park Ave., St. Louis, MO 63108
(314) 534-7610

Routing No. 281082423

Account No. _____

I hereby authorize a change in Automatic Payment from the institution listed above to my new St. Louis Community Credit Union checking account. Please make this change effective on the following date: _____

Signature X _____

Date _____

PLEASE NOTE: It can take more than one billing period for companies to switch automatic payments, deductions and direct deposit to your new checking account.



Welcome to the community.®

Direct Deposit Switch Form

Complete and submit this form to any company or organization that is automatically withdrawing payments from your existing checking account. Make additional copies, if necessary.

PLEASE PRINT

Previous Financial Institution Information:

Name of Financial Institution _____

Account No. _____

Street Address _____

City _____ State _____ Zip _____

Amount of Payment \$ _____

Member Information:

Name _____

Social Security No. _____

Daytime Phone No. _____

Street Address _____

City _____ State _____ Zip _____

Name of Employer _____

New Financial Institution Information:

St. Louis Community Credit Union
3651 Forest Park Ave., St. Louis, MO 63108
(314) 534-7610

Routing No. 281082423

Account No. _____

I hereby authorize a change in Direct Deposit from the institution listed above to my new St. Louis Community Credit Union checking account. I have attached a copy of a voided check for reference. Please make this change effective on the following date: _____

Signature X _____

Date _____

PLEASE NOTE: Your employer may require additional paperwork to change your direct deposit to your new checking account.



Welcome to the community.®

Checking Account Switch Form

Complete and submit this form to the financial institution where you have your existing checking account. Make additional copies, if necessary.

PLEASE PRINT

Previous Financial Institution Information:

Name of Financial Institution _____

Street Address _____

City _____ State _____ Zip _____

Checking Account No. _____

**Please close my account
and send the entire account balance to:**
St. Louis Community Credit Union
3651 Forest Park Ave., St. Louis, MO 63108
(314) 534-7610

Member Information:

Name _____

Social Security No. _____

Daytime Phone No. _____

Joint Owner (if applicable) _____

Account No. _____

I hereby authorize the closing of my checking account. All my checks have cleared the account to be closed, and all direct deposits and automatic payments have been stopped.

Signature X _____

Date _____

Joint Signature X _____

Date _____