

1 CHECKING ACCOUNT CLOSURE NOTIFICATION

Date _____ Social Security Number _____ Name _____

Previous Financial Institution _____

Previous Financial Institution Address _____

Previous Account # _____

New Financial Institution Muskegon Co-op Federal Credit Union New Account # _____

Address 1051 Peck Street, Muskegon, MI 49440

Attention Member Service Department

Telephone 231-726-4871

I hereby authorize the closure of my account effective (date) _____

Signature _____



Give to Previous Financial Institution

2 DIRECT DEPOSIT CHANGE NOTIFICATION

Date _____ Social Security Number _____ Name _____

Name of Employer _____

Employer's Address _____

Previous Financial Institution _____

Previous Financial Institution address _____

Previous account # _____

New Financial Institution Muskegon Co-op Federal Credit Union New Account # _____

Address 1051 Peck Street, Muskegon, MI 49440

Routing # for Credit Union 272483170

Telephone 231-726-4871

I hereby authorize this change in direct deposit effective (date) _____

Signature _____



Give to Employer

3 AUTOMATIC PAYMENT CHANGE NOTIFICATION

Date _____ Social Security Number _____ Name _____

Company to Receive Payment _____

Company Address _____

Previous Financial Institution _____

Previous Financial Institution address _____

Previous account # _____ Amount of Payment \$ _____

New Financial Institution Muskegon Co-op Federal Credit Union New Account # _____

Address 1051 Peck Street, Muskegon, MI 49440

Routing # for Credit Union 272483170

Telephone 231-726-4871

I hereby authorize this change in automatic payment effective (date) _____

Signature _____



Give to Company to Receive Payment