

Automatic Payment Checklist

Check this list for companies you may need to notify about your new checking account at MWRD Employees' Credit Union because you've authorized them to withdraw funds from your old checking account. Once you've notified them (using the form below), these companies should establish automatic payments from your new checking account. Questions? Call us at **(312) 751-3111**

- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Mortgage | <input type="checkbox"/> Telephone | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Investments | <input type="checkbox"/> Cable | <input type="checkbox"/> Cell Phone |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Charities | <input type="checkbox"/> Health Club |
| <input type="checkbox"/> Loans | <input type="checkbox"/> Credit Cards | <input type="checkbox"/> Utilities |

Automatic Payment Change Notification

Please complete the following:

Name

Daytime Phone #

I hereby authorize you to redirect future automated payment withdrawals to my NEW MWRD Employees' Credit Union Checking Account. I have attached a copy of a new voided check from my MWRD account for reference. Please make this change effective as of:

Date

My account # with your company

Signature

Date

Direct Deposit Change Notification

I hereby authorize my direct deposit to be sent to my NEW MWRD Employees' Credit Union Checking Account. I have attached a copy of new voided check from my MWRD account for reference. Please make this change effective as of

Date

Signature

Date

Previous Financial Institution:

Name of Institution

Account #

Street Address

City / State / ZIP

NEW FINANCIAL INSTITUTION:

MWRD Employees' Credit Union
100 E. Erie St. • Chicago, IL 60611
(312) 751-3111

Routing #: XXXXXXXXXX

MWRD Employees' CU Checking Account#

Checking Account Closure Authorization

Name

Daytime Phone #

Joint Owner (if applicable)

Previous Financial Institution:

Name of Institution

Account #

Street Address

City / State / ZIP

Checking Account #

Please Mail Balances To:

MWRD Employees' Credit Union
100 E. Erie St. • Chicago, IL 60611
(312) 751-3111

MWRD Employees' CU Checking Account#

I hereby authorize the closure of my checking account. I have verified that all my outstanding checks have cleared, and all previous direct deposits and automatic payments have been stopped.

Signature

Date

Joint Owner Signature (if applicable)

Date