

# Payroll Direct Deposit Change Form

Please check with your employer's payroll department first before you complete this form. They may have their own required form for you to complete. Otherwise, simply complete this form and return it to your payroll department to switch the direct deposit of your paycheck to Lamas Community Credit Union. Thank you!

## Member Information

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Member Name

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Street Address

---

City

State

ZIP

---

Phone Number (home/daytime)

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Account Number

Please deposit to my:

Checking

Savings

## Payroll

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Employer Name

---

Mailing Address

---

City

State

ZIP

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Payroll Contact: Name (if known)

Phone #

By completing this Authorization for Direct Deposit, I am authorizing the automatic deposit of my payroll or other funds into my credit union account. This authorization is to remain in effect until the payment originator has received written notification modifying or revoking my authorization. I acknowledge I must allow the payment originator a reasonable opportunity to act on my notification.

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Member Signature

Date

Lamas Community Credit Union Routing Number: **323380261**

**For Payroll Officials:** If you have any questions, please call LCCU at (360) 834-3611.



# Automatic Withdrawal Change Form

\_\_\_\_\_  
Name of company making automatic withdrawals (originating company)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

To (Originating Company): \_\_\_\_\_

Regarding my account # \_\_\_\_\_ with you.

You are currently debiting my:       Checking       Savings

Account # \_\_\_\_\_

at (Financial Institution) \_\_\_\_\_

Effective \_\_\_\_\_, please cancel the above transaction and begin debiting my account at **Lacamas Community Credit Union**:

Account # \_\_\_\_\_

Please withdraw from:       Checking       Savings      Routing #**323380261**

If you have any questions about this request, please contact me at:

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

Simply mail this completed form to the company who is withdrawing funds from the above recurring payment.



# Please Close My Account Form

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Date

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Name of financial institution

---

Street Address

---

City

State

ZIP

To Whom It May Concern:

Please close my account #: \_\_\_\_\_  
and send a check for the remaining balance to me at the address below.

If you have any questions, please contact me at: \_\_\_\_\_  
Phone Number

Sincerely,

---

Signature

Date

---

Name (please print)

---

Street Address

---

City

State

ZIP

---

Joint Signature

Date

---

Joint Name (please print)

Please mail this completed form to your previous financial institution.

