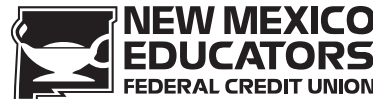


Direct Deposit Change Form

Give to Human Resources/Payroll Department



The Power of WE.®

I hereby authorize (i.e.: Employer) _____ to initiate deposit of my funds to my New Mexico Educators Federal Credit Union checking or savings account. New Mexico Educators Federal Credit Union is to further credit these entries to my account(s). This authorization is to remain in full force and effect until I send a written notice of change or cancellation.

Please route my direct deposit per my instructions.

Previous Financial Institution: _____

Checking Account Number To Be Discontinued: _____

Employee's Name: _____

Address: _____ City, State, Zip: _____ Daytime Phone _____

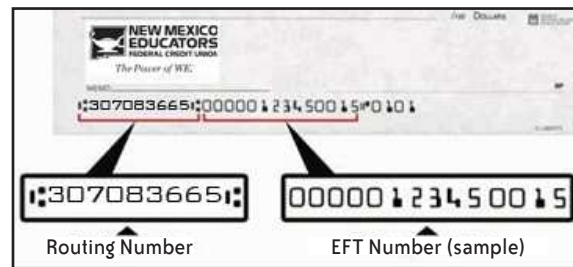
I authorize my direct deposit to be routed to New Mexico Educators Federal Credit Union.

New Mexico Educators Federal Credit Union Routing Number: 307083665

EFT Number: _____

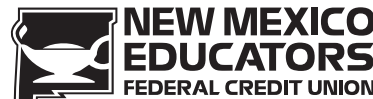
New Mexico Educators Federal Credit Union: 889-7755 or 800-347-2838
(outside the Albuquerque Area)

Authorized Signature(s): _____ Date: _____



Automatic Payment Form

Give to Company/Payee



The Power of WE.®

Please route this automatic payment per my instructions.

Company To Receive Payment: _____

Company/Payee Account Number: _____

City, State, Zip: _____

Payment Amount: _____

☐ Monthly ☐ Weekly

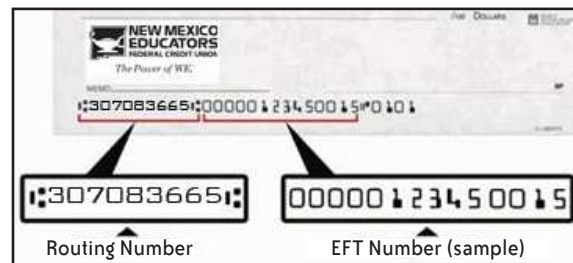
I authorize my direct deposit to be routed to New Mexico Educators Federal Credit Union.

New Mexico Educators Federal Credit Union Routing Number: 307083665

EFT Number: _____

New Mexico Educators Federal Credit Union: 889-7755 or 800-347-2838
(outside the Albuquerque Area)

Authorized Signature(s): _____ Date: _____



Cancel Automatic Payment Form

Give to Company/Payee Whose Services You Are Cancelling



The Power of WE.®

Please route this automatic payment per my instructions.

Name(s) on Account: _____

Company/Payee Account Number: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____

Previous Financial Institution: _____

Checking Account To Be Discontinued: _____

Vendor/Company Name Where Payment is Being Withdrawn: _____

Payment Withdrawn on _____ (1st, 15th, 30th) of each month.

This form is to serve as notification that I am cancelling the transactions.

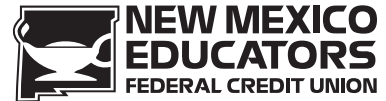
It is my intention that the last payment will be withdrawn no later than _____ (two weeks from notification)

Authorized Signature(s): _____

Date: _____

Checking Account Closure Form

Give to previous financial institution



The Power of WE.®

Please close this checking account per my instructions.

Previous Financial Institution: _____

Checking Account Number To Be Closed: _____

Name(s) on Account: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____

I authorize the closure to my account effective as of this date: _____

Please transfer any remaining balance to:

I authorize my automatic payment to be debited from my New Mexico Educators Federal Credit Union account.

New Mexico Educators Federal Credit Union Routing Number: 307083665

EFT Number: _____

Effective Date: _____

New Mexico Educators Federal Credit Union: 889-7755 or 800-347-2838 (outside the Albuquerque Area)

Authorized Signature(s): _____

Date: _____