

**DEPOSIT ACCOUNT CLOSURE NOTICE**

After completing, submit this form to your:

**Previous Financial Institution**

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Account Numbers Checking / Savings

\_\_\_\_\_  
Account Owner

\_\_\_\_\_  
Social Security Number Daytime Phone Number

***PLEASE MAIL BALANCES TO:***  
**Hopewell Federal Credit Union**  
**P.O. Box 2157**  
**Heath OH 43056-0157**  
**Phone: 740-522-8311**

**HFCU Member #** \_\_\_\_\_

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

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

\_\_\_\_\_  
Signature / Account Owner

\_\_\_\_\_  
Signature / Account Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn and subscribed before me by \_\_\_\_\_

\_\_\_\_\_  
on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Stamp

**AUTOMATIC PAYMENT CHANGE NOTICE**

Complete and submit this form to any company or organization who is automatically withdrawing payments from your existing checking account.

\_\_\_\_\_  
Vendor

\_\_\_\_\_  
Vendor Account # Amount of Payment

\_\_\_\_\_  
Account Owner

\_\_\_\_\_  
Social Security Number Daytime Phone Number

***New Financial Institution Information:***  
**Hopewell Federal Credit Union**  
**P.O. Box 2157**  
**Heath OH 43056-0157**  
**Phone: 740-522-8311**  
**Routing # 244180689**

**HFCU Member #** \_\_\_\_\_

**HFCU Checking Account #** \_\_\_\_\_

**Previous Financial Institution**

\_\_\_\_\_  
Name of Institution

I hereby authorize you to redirect future automated payment withdraws to my **HOPEWELL FEDERAL CREDIT UNION** account effective:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature / Account Owner

\_\_\_\_\_  
Signature / Account Owner

\_\_\_\_\_  
State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn and subscribed before me by \_\_\_\_\_

\_\_\_\_\_  
on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Stamp

**DIRECT DEPOSIT CHANGE NOTICE**

Complete and submit this form to any company or organization who is automatically depositing funds to your existing checking account.

\_\_\_\_\_  
Name of Employer / Depositor

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Account Owner

\_\_\_\_\_  
Social Security Number Daytime Phone Number

***New Financial Institution Information:***  
**Hopewell Federal Credit Union**  
**P.O. Box 2157**  
**Heath OH 43056-0157**  
**Phone: 740-522-8311**  
**Routing # 244180689**

**HFCU Member #** \_\_\_\_\_

**HFCU Checking Account #** \_\_\_\_\_

**Previous Financial Institution**

\_\_\_\_\_  
Name of Institution

I hereby authorize my direct deposit to be sent to my new **HFCU** checking account. Please make this change effective:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature / Account Owner

\_\_\_\_\_  
Signature / Account Owner

\_\_\_\_\_  
State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn and subscribed before me by \_\_\_\_\_

\_\_\_\_\_  
on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Stamp