

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

Member Name

Street Address

City

State

Zip

Phone # (home)

(daytime)

Account Number

Please deposit to my:

Checking

Savings

Payroll

Employer Name

Mailing Address

City

State

Zip

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.

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.



LACAMAS
COMMUNITY CREDIT UNION

Strength, Stability and Service

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.



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Strength, Stability and Service

Please Close My Account Form

Date

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 #

Sincerely,

Signature Date

Name (please print)

Street Address

City State Zip

Joint Signature Date

Joint Name (please print)

Please mail completed form to your previous financial institution.



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